Southwest Washington Health District

Program Review

Conducted by

Washington State Department of Health

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Southwest Washington Health District – Program Review

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Executive Summary – Southwest Washington Health District Program Review.

As part of restructuring public health service delivery in Clark and Skamania Counties the Washington State Department of Health (DOH) was asked to review programs provided by the Southwest Washington Health District (SWWHD). The majority of programs included in the review are those where funding and contract deliverables are provided through the DOH Consolidated Contract. The review seeks to describe programs and, from a state health department perspective, provide an overview of operation, compliance with accepted standards for best practice and overall effectiveness. Potential efficiencies are noted as appropriate.

The following is a summary of DOH conclusions:

- Overall, SWWHD is performing all major public health functions in an above-average manner. All leading public health program areas are being addressed by SWWHD.
- SWWHD is using current best practices in planning and implementing a full complement of public health services.
- SWWHD has been exceptionally hard hit by recent budget reduction measures. This presents SWWHD staff and Clark and Skamania County officials with added challenges to maintaining top quality public health services in the future.
- Skamania County, with a population of approximately 10,000, will experience significant challenges as they seek to provide a basic set of public health services.
- It is expected that demands for public health services will increase in the future.
- Opportunities for major efficiencies in program planning and implementation were not encountered during the review.
- Declining capacity to provide services, particularly in programs that serve low-income residents, is a concern.

The following is a summary of DOH recommendations:

- DOH is concerned that staffing levels at SWWHD are inadequate. It is recommended that county government officials assure public health staffing levels are commensurate with levels in other high priority county departments.
- It is recommended that staff training and workforce development be made a priority.
- As SWWHD programs are integrated into county government, efforts should be made to keep these public health programs in close physical and organizational proximity with one another.
- Consideration should be given to expanding public health data related systems. The DOH program review determined that three programs at the SWWHD could benefit from additions to their current data system capacity.
- It is recommended that additional ways be found to provide access to critical health services for certain underserved populations.

- It is recommended that any new accounting systems have the capacity to produce data needed to complete the Budget and Accounting Reporting System reports.

- It is recommended that a new HIPPA compliant client billing and tracking system and a new environmental health billing and tracking system be considered for continued development and implementation.

- It is recommended that local governance provisions, especially regarding the make-up and operation of the boards of health, be reviewed as new local health jurisdictions are established in Clark and Skamania Counties.

I. Background

On June 11, 2002, the Board of Clark County Commissioners passed a resolution to withdraw from the Southwest Washington Health District (SWWHD). This action, which takes effect on January 1, 2003, dissolves the two-county health district. The change creates an opportunity for both Clark County and Skamania County to reassess public health services provided to the residents within their respective geographic boundaries. County officials charged with transitioning from a two-county health district to a single county health department in Clark County, and a yet to be determined structure in Skamania County, requested that the Washington State Department of Health (DOH) conduct a review of program activities currently offered by SWWHD. They asked that the review describe SWWHD programs, their strengths, and any potential operational efficiencies that can be gained during the transition. This report is a summary of DOH findings.

II. Scope of the Review

DOH acknowledges the full cooperation and assistance of the management and staff at SWWHD in completing this review. The review seeks to concisely describe each major programmatic activity at SWWHD and provide, from a state health department perspective, an overview of program operation, compliance with accepted standards for best practice and overall effectiveness. Potential efficiencies are noted where appropriate.

Staff at DOH carried out information gathering for this review through interviews with administrative and program staff at SWWHD. DOH interviewers were asked to frame their summaries, as much as possible, around the following elements:

- Purpose, Goals, and Major Objectives
- Operational Methods and Procedures
- Community Relations
- Compliance with Regulations and Guidance
- Status of DOH Contract Deliverables
- Performance and Outcome Measures
- Staffing Overview
- Funding Overview
- Opportunities and Recommendations for Program Efficiencies

Program descriptions have been grouped under the headings of the Standards for Public Health in Washington State. These newly developed Standards provide an emerging framework that is increasingly being used to define and describe basic public health services at both the state and local level in Washington State. The Standards for Public Health include five key areas:

- Understanding health issues
- Protecting people from disease
- Assuring a safe and healthy environment for people
- Promoting healthy living
- Helping people get the services they need.

Additional information on the Standards for Public Health is included in the Appendix.

In addition to program descriptions, the report provides an Administration section which includes overall management activities and fiscal information.

III. Review of Programs

For the most part the program review examines activities at SWWHD for which DOH and SWWHD have funding and programmatic agreements primarily through the DOH Consolidated Contract. This master contract is used by DOH and local health jurisdictions across the state to define work to be performed and funding amounts to be paid for deliverables. Funds that flow through the Consolidated Contract are derived from state, federal and private sources. Because of resource and logistic constraints not all programs at SWWHD were reviewed during this process. The following SWWHD programs are included:

- Assessment and Research
- Vital Records
- Child Death Review
- Tuberculosis
- Sexually Transmitted Diseases
- Human Immunodeficiency Disease (HIV Prevention Program)
- Immunization
- Drinking Water
- Food Safety
- Water Recreation
- Liquid Waste
- Tobacco Prevention and Control
- Preventive Health and Health Services Block Grant
- Special Supplemental Nutrition Program for Women Infants and Children (WIC)
- WIC Farmers' Market
- Family Planning
- Oral Health
- Maternal and Child Health, Including Infant-Toddler and Children with Special Health Care Needs
- Administration

A. UNDERSTANDING HEALTH ISSUES

1. Assessment and Research

Purpose, Goals, and Major Objectives:

The Assessment and Research unit (A&R) of SWWHD is responsible for the systematic and regular analysis and dissemination of information on trends in health status outcomes (morbidity and mortality) and factors that may lead to these outcomes in Clark and Skamania Counties. The work of the A&R unit represents the mandated local health assessment function (RCW 43.70.520) and supports SWWHD's ability to fulfill the Standards for Public Health, a set of minimum requirements for sound public health practice adopted by the state and local health departments across Washington State.

The primary goal of A&R is to contribute to the improved health of SWWHD residents by providing decision-makers with timely, accurate data on the community's health status and on the effectiveness of SWWHD public health programs. A&R also seeks to enhance knowledge and understanding of local health issues among community partners and the public. To accomplish these goals, A&R carries out three main activities: community health assessment, program evaluation and communicable disease epidemiology.

Community Health Assessment:

Employing both quantitative (epidemiological) and qualitative techniques, A&R staff conduct assessments of risk factors and health outcomes for the communities of SWWHD. Assessment information is provided to public health staff, local policy-makers, and community partners (e.g., Community Choices 2010) for priority-setting, resource decision-making, program planning and evaluation, public education, and grant fund development. In recent years, A&R staff conducted local surveys of behavioral risk factors (e.g., smoking) and immunization coverage and analyzed other health outcomes, including birth-related data, mortality, injury, hospitalization, and disease incidence. In 2003, A&R is planning to update community health assessment information for Clark County (the last comprehensive county health assessment was completed in 1998). In addition to updating existing indicators, A&R will also explore new methodologies and data including the application of Global Information System (GIS) software to public health data and the analysis of cancer incidence in the county. A&R staff are also researching new approaches for disseminating community health assessment data in ways that will maximize their utility and relevance for policy-makers.

Program Evaluation:

As part of an agency-wide quality improvement effort, A&R is providing leadership and technical expertise to SWWHD staff in program evaluation. Over the past year, A&R staff received external training in program evaluation in preparation for becoming consultants to the rest of the agency. Following a one-day training for all Epidemiology, Parent-Child Health, Infectious Disease, and Clinic Services (EPICS) Division staff, each A&R staff member facilitated staff teams through the development of evaluation plans for their programs. These plans articulate the goals, objectives, activities, and relevant Standards for Public Health of each program. A&R staff believe this process has yielded numerous positive benefits, including: refocusing staff on program goals, increasing ownership in the work that gets done, preparing staff for the Standards for Public Health baseline evaluation, and fostering an evaluation orientation such that staff are thinking more critically and creatively about their work (Are we doing the right things? Are we doing things right?). The A&R unit is seeking additional training in performance measurement to assist program staff in the next step of developing measures to assess program impacts.

Communicable Disease Epidemiology:

A&R provides epidemiology support to the Communicable Disease program through periodic review of disease incidence data, development of questionnaires for foodborne illness investigation, analysis of data (e.g., case-control studies to identify cause of outbreak), and field epidemiology (e.g., interviewing those who are sick). During the anthrax scare of October 2001, A&R staff answered numerous phone calls from a concerned public, providing accurate and up-to-date information. In the coming year, A&R will enhance their communicable disease epidemiology capacity through the implementation of the Public Health Issues Management System (PHIMS), a DOH web-based software that allows streamlined communicable disease case management and reporting. A&R staff have received specialized Centers for Disease Control and Prevention (CDC) training in developing effective and efficient disease surveillance systems. The availability of PHIMS and enhanced workforce knowledge/skill in surveillance will enable A&R to establish baseline data, monitor communicable disease trends, and identify and investigate unusual health events.

A&R's program evaluation work is highly innovative and represents a model approach in Washington State. DOH is not aware of any other local health agency that has implemented such a rigorous and intensive effort to engage program staff in performance measurement and evaluation. The evaluation expertise developed by A&R has and will continue to serve as a critical resource to both SWWHD programs and Clark County Government.

Unit Customers:

A&R customers are both internal to SWWHD (executive leadership and program staff throughout the agency) and external (the Board of Health, local elected officials, community partners, media, and the public). In addition to the close linkages with public health program staff described above, A&R provides critical staff support to several community efforts to improve health. A&R has worked with Community Choices 2010, providing technical expertise in the development of the report card and support for on-going work groups. The unit also worked with the Immunization Task Force to conduct an immunization coverage survey. Findings from the survey were used to develop grant funds to support an Immunization Coordinator position to develop a community plan for increasing immunization rates. A&R has also provided technical consultation to the Youth Suicide Task Force, carrying out Emergency Department chart abstraction (and other data analysis) and assisting with the development, implementation, and evaluation of the Task Force work plan. Additional assessment support has been provided to the Family Resource Centers planning process and to the Every Moment Counts initiative, a community forum on early childhood development.

Staffing and Funding:

A&R is housed in the EPICS Division of SWWHD. A&R is staffed by 4.4 FTEs including an Epidemiologist, two Assessment Specialists, and two Research Analysts, with clerical and supervisory support. The annual budget of $437,000 is funded through the county (56%), state Local Capacity Development Funds (29%), MVET Replacement Funds (7%), and other sources (8%). Though the A&R work plan is scaled to fit within current resources, unplanned and high-priority demands on the unit (e.g., the Battleground *E. coli* outbreak) typically exceed staffing capacity, forcing planned efforts to be put aside. A&R staff believe an additional full-time Assessment Specialist would provide better coverage, allowing the unit to continue planned activities while addressing emergent demands.

Recommendations:

SWWHD's A&R unit represents a model local health assessment unit, employing best practices and developing innovative new approaches to carrying out the assessment function. The unit should be kept whole and remain a part of the local public health agency, in its new form. Continuing to be part of the health department is essential to preserving the strong linkages that currently exist between A&R and public health programs. These linkages have contributed to the success of program evaluation efforts in SWWHD and help to ensure that public health program activities are data-driven, science-based, and performance-monitored.

Though de-linking A&R from the rest of the health department is not recommended, several opportunities exist for enhancing linkages with other parts of county government. A&R staff could assist other agencies' understanding of program data, developing and implementing evaluation plans, and measuring performance over time. A&R staff could also assist other county agencies with infectious disease training (e.g., for first responders) and with understanding and implementing the Health Information Portability and Accountability Act (HIPAA) regulations. A&R may benefit from GIS expertise and resources that exist elsewhere in Clark County, partnering with county GIS staff in spatial epidemiological analyses of health concerns.

2. Vital Records

Purpose, Goals, and Major Objectives:

Vital records offices at the local level are described in statute—RCW 70.58.010 – 050. In general, the Health Officer in each county or health district serves as local registrar and delegates internally within the agency the registration of birth, death and fetal death certificates and issuance of certified copies. In the registration of deaths and fetal deaths, vital records staff assure completeness and accuracy of the records, make sure that, in instances of trauma, appropriate referral to the coroner's or medical examiner's office has been made, and that registration allows for disposition of the human remains.

The major goals of the vital records offices are to assure compliance with the law in the filing of vital records and to provide high quality customer service to funeral directors in the timely registration of death certificates and to the general public purchasing certified copies.
The major objectives are to:

1) review and approve death certificates for completeness and accuracy,
2) provide adequate hours of availability to funeral directors for approving death certificates and signing burial-transit-permits,
3) file certificates in a timely manner with the state registrar as required by statute,
4) assure appropriate referral to the medical examiner's or coroner's office,
5) provide certified copies to the public at an approved fee schedule, and
6) store and make available death and fetal death certificate information for public health purposes.

Operational Methods and Procedures:

Vital records staff differ in their scope of work across the state largely as a result of size. SWWHD is fairly typical of what is seen in similarly sized organizations. The health officer delegates to a chief deputy registrar the responsibility of carrying out the duties of the local registrar: supervision over the tasks of registering death certificates (receiving and reviewing death certificates for accuracy and completeness, date stamping, and filing the records), authorizing disposition and transportation of human remains, issuing certified copies of birth and death certificates, and responding to questions from the public about the process, use, charges, and payment for birth and death certificates and such areas as home births, adoptions, passport, paternities, public disclosure, etc. In their role as deputy, they oversee the death certificate filing process and act on behalf of the Health Officer and the State Registrar to assure compliance with the vital statistics statute and refer instances of irregularity to these authorities for further action. Disposition of human remains before proper review and without adequate cause-of-death information is perhaps the most important compliance issue for deputy registrars. The SWWHD has an excellent record in this regard. They have been proactive in addressing the issue of delay in obtaining physician signatures on death certificates by holding periodic work sessions for physicians and medical residents (sometimes involving DOH staff) on the "whys" and "hows" of filling out a death certificate. They have also tried to actively address this issue through the Health Officer and her contacts in leadership positions at the hospital and within the medical community.

Community Relations:

The State Registrar's office has received no complaints about the operation of the SWWHD Vital Records office. The program has made a strong effort to reach out to funeral directors and has adopted policies that facilitate the constraints of time and travel faced by Clark County funeral directors that operate on both sides of the Oregon-Washington border.

Compliance with Regulations and Guidance:

Local vital records programs are governed under the Vital Statistics Chapter, RCW 70.58. They are regulated by WAC 246-490-010 through 065 Release of vital record information; 246-490-039 Certificates in pencil not allowed; 246-490-060 Cremated remains; and 246-490-069 Birth Certificate for a foundling child. The Washington State Department of Health/Center for Health Statistics has adopted policies which apply to local vital records offices on the topics of: "The Verification of Vital Records Information Via Telephone", "Protection Against the Fraudulent Use and Registration of Birth Certificates", "Authority to Review and Sign Death Certificates and the Use of Facsimile", "Referral of Cases to County Medical Examiner and County Coroner Offices", "Issuance of Confidential Information from Death Certificates for Certain Causes of Death", and "Out-of-County Deaths Requiring In-County Disposition". The SWWHD Vital Records Office is exemplary in its compliance with the above statutes, rules, and policies.

Status of DOH Contract Deliverables:

Local vital records offices do not have contract deliverables. The deliverables are mostly specified in statute.

Performance and Outcome Measures:

The following table gives the performance measures for these objectives:

Objective	Performance Measure
Complete and accurate death certificates	Queries to funeral directors or informants by the Center for Health Statistics.
Adequate hours for funeral directors	Funeral directors must file death certificates within three days of the date of the death. Holiday and weekend access must be made available. Sometimes provided by Medical Examiner (ME) or Coroner.
Certificates filed timely	Must be filed with State Registrar within 30-60 days of the date of death.
Appropriate referral to Medical Examiner and Coroner	All trauma deaths and certain ill-defined causes of death must be referred.
Provide certified copies to the public	Next day walk-in service is provided at SWWHD.
Death certificates for public health purposes	Must be readily accessible. Used in cluster and outbreak investigations.

SWWHD meets or exceeds these performance measures. They have greatly improved their timeliness of filing death certificates with the state registrar over the past year.

Staffing Overview:

Currently, the staff consists of one FTE with another person providing backup. An increase in the number of staff would probably allow for walk-up service for the purchase of certified copies. SWWHD is currently involved in a high-level work flow assessment and may be able to address this concern without additional staff. Among LHJs, only 15 currently have walk-up service. The state Center for Health Statistics (CHS) offers next-day service similar to SWWHD.

Funding Overview:

Vital records offices are funded in part through fees for certified copies. They are required by RCW 70.58.107 to charge a fee of $13.00 for certified copies of birth and death certificates, $8.00 for a search of the files or records when no copy is made, and $8.00 for second copies of death certificates. Five dollars is paid into the death investigation account from each fee for certified copies. In counties that do not generate adequate revenue from fees, monies from other sources must be used to support the vital records office.

Opportunities and Recommendations for Program Efficiencies:

The State Registrar's Office strongly recommends that the vital records office remain under the direct authority of health department personnel. Any other reporting line would be contrary to the operation of vital records offices in other counties within Washington State.

A scanning operation might seem to be an efficient way to store and access paper documents such as death certificates. This would be true for most paper documents. Any scanning system of death certificates would be required to accommodate changes that are made to death certificates. In order to do this, a paper copy of the death certificate must be kept, the changes are made on the original, and it must be re-scanned and indexed in such a way that any lookup finds the correct document. Alternatively, one can make a copy from the scanned image, correct it, and then re-scan it. Public Health Seattle-King County keeps scanned images of death certificates. They might be consulted on this process.

3. Child Death Review (CDR)

Purpose, Goals, and Major Objectives:

The Child Death Review (CDR) Team purpose is to determine whether the death of a child might have been prevented by an agency and/or individual. Related objectives are: enhancing interagency communication and improving the quality of data on child deaths to identify risk factors and preventive strategies. The CDR Team makes recommendations for the development of public policy and community and professional education.

The Clark County Infant and Child Death Review Team (ICDR) was one of the first organizations of its kind in Washington State. Its purpose is to determine whether the death of a child might have been prevented by an agency and/or individual. Team activity involves the regular and systematic review of unexpected deaths among infants and children who died in Clark County and were under 18 years old by a multidisciplinary team. Additional objectives include: enhancing interagency communication and improving the quality of data on child deaths to identify risk factors and preventive strategies. The Team makes recommendations for the development of public policy and community and professional education.

Skamania County has a separate group, with a different process, but has a commitment to a biannual review of deaths. Importantly, the two county teams share the same Health Officer and Medical Examiner. Other representatives are different.

Operational Methods and Procedures:

CDR operates according to Consolidated Contract funding requirements, which include guidance on program management and data reporting. Methods are based on best practices and science. In effect, the program creates an assessment database, and incorporates other data sources within it. Policy and program recommendations flow from the assessment. Work methods are comparable to those of other local health jurisdictions.

Community Relations:

CDR connects with its community of interest in several ways.

When team reviews highlight a problem, works begins with other partners to deal with it. For instance, in Clark County, drowning deaths of children were identified as a significant problem. Interventions were developed, including use of a drowning expert from Harborview Medical Center, community programs including culturally competent messaging, and a personal flotation device (PFD) campaign. In Skamania County, a focus on Sudden Infant Death Syndrome (SIDS) and drowning led to provider education and safety improvements in a dangerous swimming location, carried out by local law enforcement and the U.S. Forest Service.

Other community connections are reports to the community and invited interviews with media. The CDR Team was involved in a child abuse prevention campaign. On-going SIDS-related work included an early implementation of the "Back to Sleep" campaign and networking with pediatricians and nurse midwives.

Compliance with Regulations and Guidance:

The program is in compliance with all regulations and guidance.

Status of DOH Contract Deliverables:

Consolidated Contract deliverables are met in a timely and quality manner.

Performance and Outcome Measures:

SWWHD has performance and outcome measures that are meshed with state program measures. The CDR Team does an annual self-evaluation of activities, processes, and results.

Staffing Overview:

The CDR Team is staffed by the District Health Officer and an administrative assistant. Regular team attendance includes SWWHD nurses. A data analyst takes meeting minutes and completes and transmits reports to DOH.

Funding Overview:

Funds are provided through the Consolidated Contract and from local contributions. Funding appears secure at this point.

Impacts of Discontinuing the Program:

If the CDR Teams were discontinued, the ability to identify and implement prevention programs and system improvements would stop. This includes not only child death prevention, but also improvements in provider approaches to grieving parents and identification of at-risk children in families in which a child has died.

Opportunities and Recommendations for Program Efficiencies:

There do not appear to be significant opportunities for efficiency improvements. Other organizations, including the Southwest Washington Medical Center and the Department of Social and Health Services Child Protective Services Program do death reviews, but their confidentiality agreements complicate comprehensive reviews. Also, the SWWHD CDR Team does not pass judgment on provider errors.

B. PROTECTING PEOPLE FROM DISEASE

1. Tuberculosis (TB)

Purpose, Goals, and Major Objectives:

This program focuses on the control of tuberculosis by providing targeted testing (screening) for at-risk populations and assuring appropriate follow-up for both active and latent TB cases, including Directly Observed Therapy for active cases.

Operational Methods and Procedures:

Management of Active TB Cases – TB is diagnosed using patient history, symptoms and laboratory tests. Patients are screened for TB and diagnosed for TB by providers throughout the community. A statewide laboratory reporting system assures that whenever a laboratory tests a specimen (sputum, blood, other tissue) for TB, all positive and presumptive positive results are immediately reported to the local health department. SWWHD assures that specimens are then transferred to the Washington State Public Health Laboratory for confirmation tests and sensitivity testing which determine specific medications to which the organism is sensitive. This latter test takes 28 days. Thus, follow-up and treatment of the patient is initiated based on the initial presumptive positive test results.

Immediately upon receipt of positive or presumptive positive test results, SWWHD notifies the patient's physician and reviews the patient's history and symptoms with the physician, completes a case report, and forwards this information to DOH. At this point, SWWHD may assume primary responsibility for the TB case management of the patient or the primary care provider may continue as primary case manager in consultation with SWWHD. Per CDC and other national protocols, patients are started on a standard four-drug therapy for six to twelve months. The medication regime is administered by SWWHD via Directly Observed Therapy (DOT), even when the primary care provider is the primary case manager for the patient.

DOT involves having a SWWHD staff person, in this case a public health nurse, go to where the patient is (home, work, other), administer the medication, and observe the patient as they swallow it. DOT is a science-based intervention recommended by CDC that assures patient compliance with this long and complicated treatment regime and prevents the development of untreatable drug-resistant TB. The community health worker also collects additional sputum specimens from the patient, investigates and screens patient contacts and can initiate treatment for latent TB (individuals who have been exposed to the disease, as revealed by a positive skin test, but who do not have "active" TB), as needed. This maximizes the impact and effectiveness of each visit.

Contact Investigation – TB is an infectious disease, therefore, it is essential that individuals exposed to infected persons be identified and screened for TB and treated if needed. This is called contact investigation. For each diagnosed case of active TB, SWWHD conducts contact investigation. Individuals that have a positive screening test (tuberculin skin test/PPD) but negative chest x-ray, have been exposed to TB, but do not have active TB and are diagnosed as having latent TB. Individuals with latent TB are given preventive drug therapy treatment with a single drug for nine months, which is provided and monitored via the patient's regular community provider. Individuals that have a positive screening test and positive chest x-ray have active TB and are treated and monitored by SWWHD as described above.

Screening At-Risk Populations – Screening for TB (skin test/PPD) is conducted by providers throughout the community. SWWHD provides TB screening for at-risk populations at the health district site, on a walk-in basis. SWWHD receives referrals for TB screening of at-risk populations from drug treatment

programs, community health centers, employers who are required to screen specific types of employees (e.g., health care workers), and the SWWHD Refugee Program.

SWWHD provides screening to at-risk populations at other sites as needed. For example, one individual with active TB worked for a specific employer in the area. As a result of contact investigation and dialogue between SWWHD and the employer, it was determined that, due to the large proportion of foreign-born employees at risk for TB, all employees should be screened. SWWHD provided the screening to 900 employees, on site, over the course of one year. Additional TB cases (predominantly latent TB) were identified and treated. The employer paid for the screening and treatment.

Education for Community Providers – The TB program is largely based on referrals and laboratory tests initiated by community providers (physicians, community health centers, etc.) Therefore, a large portion of the TB program involves providing continued education and communication to these community providers so that they are aware of and practice the latest guidelines and techniques for screening, testing, diagnosis, and treatment of TB.

Community Relations:

Dr. Karen Steingart, Health Officer, is very knowledgeable in TB prevention and control. She was instrumental in setting up a close relationship with pulmonologists and radiologists at Southwest Washington Medical Center.

TB program staff, under the leadership of the Health Officer, coordinate a quarterly TB meeting with local health care providers and the physician residency program. At these meetings, TB case studies are reviewed and new recommendations or guidance on clinical TB case management are provided.

Tuberculin skin test (PPD) workshops are provided periodically to community organizations and health care providers including long-term care facilities. The public health nurses collaborate with representatives and advocates of high-risk communities, such as the minister of the Russian Church and staff from the homeless shelter.

Compliance with Regulations and Guidance:

TB program staff work with the following nationally recognized recommendations:

MMWR, June 9, 2000/Vol. 49/No. RR-6: Targeted Testing and Treatment of Latent TB Infection

American Thoracic Society: Diagnostic Standards and Classification of TB in Adults and Children.

Washington State DOH: Guidelines for the Prevention and Control of TB, 1998.

RCW 70.28,WAC 246-170, WAC 246-101

The SWWHD TB program is in compliance with these regulations and guidelines. A database is needed to report they are doing targeted testing of at-risk populations.

Status of DOH Contract Deliverables:

The DOH TB program provides no Consolidated Contract funds to SWWHD for the TB program.

Performance and Outcome Measures:

The TB program staff follow CDC guidelines and American Thoracic Society treatment recommendations.

The tables below display the number of active TB cases, number of contacts investigated, and number of TB screenings conducted in Clark and Skamania Counties for 2000 and 2001. Of the six cases in 2000, SWWHD provided primary care management for two and private providers, in consultation with SWWHD, provided primary care management for the other four cases.

Number of active TB cases

	2000	2001
Clark	6	8
Skamania	0	0

Number of contacts investigated

	2000	2001
Clark		15
Skamania	*	*

Number of TB screenings conducted

	2000	2001
Clark		2214
Skamania	*	*

*Information not gathered

And finally, because of the excellent case study and work done by SWWHD, the DOH TB program asked Susan Davis PHN of SWWHD to present at the International Union Against TB and Lung Disease meeting in Chicago. The case presentation focused on an individual with both Leprosy and TB. SWWHD staff applied all TB case management skills in collaboration with Oregon Health Science International Clinic and bilingual interpreters.

There is currently adequate staffing for the number of reported TB cases (6 in 2000 and 8 in 2001) and screenings of at-risk persons (2214) for 2000. Other local health jurisdictions with comparable numbers of reported TB cases and screenings of at-risk populations in 2000 are: Cowlitz - 6 cases, 527 at-risk persons screened, 1.2 FTE; Whatcom - 3 cases, 1800 at-risk persons screened, 3.3 FTE.

Opportunities and Recommendations for Program Efficiencies:

The SWWHD TB program needs to develop a surveillance database to follow trends in TB cases and screening. SWWHD staff need additional training in data collection and epidemiology to better analyze trends, and work in conjunction with the Assessment & Research Unit to better prevent the spread of TB.

2. Sexually Transmitted Diseases (STD)

Purpose, Goals, and Major Objectives:

The purpose of the STD program is to prevent the spread of sexually transmitted diseases. The program priorities are surveillance, investigation, contact tracing and treatment or referral of chlamydia, gonorrhea and syphilis.

Program Description:

STD clinical services (diagnosis, treatment, and patient education) are provided via the SWWHD Reproductive Health Clinic.

Key STD's (chlamydia, gonorrhea and syphilis) are required by law to be reported to the local health jurisdiction, whether diagnosed by SWWHD staff or any other provider throughout the community. During 2001 these providers reported 870 cases of STD in Clark County and 6 cases in Skamania County.

A Disease Investigation Specialist (DIS) receives the report, contacts the patient and interviews them to try and discern how they were exposed to the disease and whom they may have exposed by identify sexual partners. The DIS works with the client to assure identified sexual contacts are provided with information regarding the possible exposure and the recommendation that they receive testing, treatment and other follow-up options as necessary. Case reports, interview records and field work is documented and sent to DOH where assessment activities are conducted. Case report information is entered into a computer program where weekly downloads of morbidity are sent to CDC. The State monitors all STD morbidity and notifies SWWHD of any outbreaks, annual analysis with rates, and disease trends by age and sex are completed and sent back to SWWHD for use.

Community Relations:

Every other month, SWWHD sends a newsletter called EPISODE (Epidemiologic Surveillance of Communicable Disease) to health care providers throughout the jurisdiction. This newsletter includes information on changes in communicable disease including STD morbidity, outbreaks, and new guidelines for treatment. Annual statistics on reportable STDs are also sent to providers. Information on STD disease trends are shared with the HIV program so there are crossover benefits with HIV prevention for STD prevention.

Compliance with Mandates, Regulations and Guidance:

The reporting of STD is stated in RCW 70.24 and WAC 246-101. The 2002 CDC STD Treatment Guidelines are used by all providers who diagnose and treat STD's. Guidelines from CDC are used to direct activities for partner services. The SWWHD is in compliance with all regulations and guidelines.

Status of DOH Contract Deliverables:

Contract deliverables include forwarding case reports and field work (specifically, the CDC interview form number 73.54 and the CDC field record form number 73.2936) to DOH. These are sent regularly to the State office and are never delinquent.

Performance and Outcome measures:

The number of cases reported far exceeds the capacity of a half time DIS staff to interview all of the cases. During 2001 this staff interviewed 25% (182/714) of the chlamydia cases and 53%(53/100) of the gonorrhea cases, and all of the syphilis cases were interviewed. These interviews resulted in 237 sexual contacts followed because of their exposure to an STD. The number of interviews done are more interviews then are done by full time staff in other counties.

Hospitals reported 27% of the gonorrhea cases and 15% of the chlamydia cases in 2001. For gonorrhea this is the most frequent provider type. Seeking routine medical care, including STD diagnosis and treatment via the hospital emergency room is an indicator of patients' lack of access to alternative STD services. This may indicate that demand / need for STD clinical services is greater then SWWHD current capacity.

The clinicians who work in the Reproductive Health Clinic receive training according to the STD clinical practice guidelines. Training is done by the Seattle STD Prevention Training Center.

The STD program has already been merged with the family planning program. There is also cross-over and integration with the HIV prevention program. This integration reduces duplication and improves patient care.

Staffing Overview:

In the SWWHD Reproductive Health Clinic, staff are trained not only in reproductive health, but also cross-trained in STD diagnosis and treatment. STD clinical services are provided and integrated with reproductive health services in this clinic.

The current DIS position is 0.5 FTE. This individual also works 0.5 FTE in the Reproductive Health Clinic doing patient intake exams. Disease investigation work is completed in-between seeing clients or on set days when the DIS is not assigned to the Reproductive Health Clinic.

Demand for STD clinical services exceeds SWWHD current capacity. Additional staff is needed for disease investigation. Most counties do not have capacity to interview all reported STDs but an additional 0.5 person would ease the burden especially when outbreaks occur.

Funding Overview:

Laboratory tests and treatment (antibiotics) for chlamydia are provided free of charge to SWWHD via the DOH Infertility Prevention Project. Laboratory tests for gonorrhea and syphilis are provided free of charge to SWWHD by the DOH Public Health Laboratory. There is no dedicated funding source to support Reproductive Health Clinic staff for STD services.

The DOH provides $20,844 per year, through the consolidated contract, to support a 0.5 FTE Disease Investigation Specialist.

Opportunities and Recommendations for Program Efficiencies:

Disease investigation (contact tracing and follow-up) is completed on only 25% of chlamydia cases. Increasing the disease investigation capacity would increase the amount of follow-up and should in turn decrease the chlamydia rate.

It would also be greatly beneficial if more work were done with private providers regarding STD training. This would assure that the latest testing and treatment techniques are known by community providers.

3. HIV Prevention Program

Purpose, Goals, and Major Objectives:

The overall goal is to reduce HIV transmission. Two specific interventions target the high-risk population of men who have sex with men (MSM) and are injection methamphetamine (meth.) users. Based on harm-reduction principles, the goal of these two initiatives is to decrease unprotected anal sex and syringe-sharing behavior in this population.

Another intervention targets injection drug users (IDU). Also, based on harm-reduction principles, the goal of this intervention is to decrease the transmission of HIV, hepatitis, and other blood-borne pathogens among Injection Drug Users (IDGs) and their partners.

The purpose of the HIV counseling and testing initiative is to provide voluntary anonymous and confidential client-centered counseling and testing to high and low risk populations.

Operational Methods and Procedures:

AIDSNET is a statewide system of six regional planning groups, comprised of community members and service providers, which establishes priorities for HIV and AIDS prevention efforts at the regional level.

SWWHD is the lead agency for Region 6 that includes 10 other counties and facilitates the regional planning process.

Regional priorities are based on guidance provided by the State HIV Prevention Planning Group and a planning process defined by the CDC which includes consideration of the following information: epidemiologic profile, community resource inventory, gap analysis; and development of a plan that includes: effective interventions, priority setting, and evaluation. Current guidance from the State HIV Prevention Planning Group includes prioritizing interventions to focus on specific groups, in the following order: 1) men who have sex with men; 2) injection drug users; and 3) heterosexuals. Based on these priorities, SWWHD provides interventions as follows:

Intervention targeting Men who have Sex with Men (MSM) -
SWWHD staff recruit, train and provide oversight to a group of MSM who use or previously used injection methamphatamine. Once trained, these men serve as "peer advocates" and provide outreach and education to peers they meet in bars, bathhouses, and clubs, regarding how to reduce risk for HIV transmission through behavior change (decrease unprotected anal sex and syringe sharing). Under the supervision of SWWHD staff, the peer advocates also facilitate a weekly support group for their peers (other men who have sex with man and use injection methamphetamine) who are trying to change their behavior to reduce their risk of contracting HIV.

Intervention targeting Injection Drug Users (IDU) -
SWWHD staff operate the needle exchange program (which is part of the harm reduction program) that operates three days per week three hours per day. The mobile needle exchange takes place one day per week for four hours for those outside of the urban area. SWWHD staff also provide outreach and education to individuals who come to the needle exchange program regarding how to reduce risk for HIV transmission through behavior change (reduce syringe sharing) and encourage individuals to be tested for HIV. The nurses who work with the harm reduction program (including outreach workers), see approximately 300 individuals per year. These nurses offer services for HIV, along with Hepatitis A and B, immunizations, flu shots, and emergency contraception.

Counseling and Testing –
SWWHD provides anonymous and confidential counseling and testing services to individuals via the SWWHD Reproductive Health Clinic, HIV site, mobile field, jail, and needle exchange. Clinic staff also provide HIV counseling and testing at the juvenile detention center.

Community Relations:

The community is invited to participate in the regional planning process where priorities are set for populations to be served and methods to be used to decrease risk behaviors. The community is very supportive of the HIV prevention efforts.

Compliance with Regulations and Guidance:

Specific regulations are stated in RCW 70.24 and WAC 246-100 and 101. The program is in compliance with these regulations.

Status of DOH Contract Deliverables

The Consolidated Contract deliverables are as follows:

1) Individual copies of the HIV Counseling and Testing Report Form (US 1991 536-670) or a computer disc containing comparable counseling and testing data, and the Washington State AIDSNET HIV Prevention Program Partner Notification Record form will be submitted to the State HIV/AIDS Program, PO Box 98504-7840, Olympia, WA 98504-7840 as evidence of services provided.

2) SWWHD will assist in gathering the counseling, testing, partner notification, and medical services data required to be submitted to the federal Centers for Disease Control and Prevention or Health Resource and Services Administration by the State HIV/AIDS Program.

3) Health education/risk reduction activities are reported through the web-based statewide HIV/AIDS reporting and evaluation (SHARE) system.

4) The Health District agrees to have the HIV Counseling and Testing program conduct a client satisfaction survey with report describing survey results due 30 days from survey completion and no later than December 31, 2002.

SWWHD is in compliance with all Consolidated Contract deliverables.

Performance and Outcome Measures:

Intervention targeting MSM - The peer advocate program began in November 2000 and set a goal of 24 peer advocate meetings and 144 community contacts with high-risk men. During the last year, 345 men, 18 females, and 8 transgender persons were contacted. Four peer advocates were trained and three consistently serve in this role.

Intervention targeting IDU – The IDU program set a goal to provide 300,000 syringes at a single site, 10,000 more at a mobile needle exchange and to provide harm-reduction messages to 400 IDUs and heterosexuals. Last year, a total of 362,481 syringes were exchanged. Harm reduction education was provided when these needles were exchanged. A survey conducted by SWWHD indicated that the more frequently an individual attended the needle exchange, the more likely the individual was to use the syringes only once, thus reducing the risk of exposure to HIV.

Counseling and testing program - Short-term goals for clients include: clients' increased awareness of their own high-risk behaviors and their HIV status; clients valuing HIV counseling and testing and risk reduction; increased HIV testing among the high-risk population and identification of new HIV cases. These new cases of HIV will be given increased awareness of and access to community health services for HIV and other problems (e.g. drug and alcohol treatment).

Long-term goals include: a decrease in incidence of HIV cases and an expected subsequent economic savings to the community by reducing the need for AIDS-related medical care; and, improved quality of life for HIV-positive persons through early detection and treatment.

During 2001, all programs (HIV, Reproductive health, STD, jail, and needle exchange) tested 905 individuals for HIV with three being found positive. The HIV site alone tested 272 individuals for HIV with two positives being identified.

Additionally, SWWHD maximizes the use of HIV prevention staff and opportunities for HIV prevention by integrating this program with others. Integration of HIV counseling and testing with family planning and STD programs in the Reproductive Health Clinic helps reach the target population while minimizing duplication of effort and staffing needs within the agency. HIV prevention staff work closely with the health promotion outreach workers to assure high-risk populations are aware of the HIV prevention services. These outreach workers also work with other SWWHD programs such as family planning, immunization, and STD to make an array of information and education available, as appropriate, to each person encountered in the high-risk population. Community groups that work with drug and alcohol programs support the HIV prevention program with training and other resources.

The HIV prevention interventions employed by SWWHD are science-based. They are consistent with those that the regional planning groups prioritize as effective for the population served.
Peer review and client satisfaction surveys are done annually. Overall, the HIV prevention program is successful in reaching the highest risk persons in the community.

Staffing Overview:

Currently staffing at 4.3 FTE is adequate for the activities being done. In addition all public health nurses that work in the Reproductive Health Clinic and TB Clinic provide HIV counseling and testing.

Current staffing is adequate for the activities that are being done.

Funding Overview:

Current funding from all sources is $94,500 for MSM/Meth Peer Advocates, $30,000 for MSM Meth Support Group, 103,900 for IDU Outreach and $74,760 for Counseling and Testing.

Opportunities and Recommendations for Program Efficiencies:

The HIV prevention program targets individuals at the highest risk for contracting and transmitting HIV. This is an effective use of resources. The programs described here are not provided by any other agency or program in the community.

Multiple SWWHD programs coordinate and integrate working with the HIV outreach workers to achieve maximum impact with each contact made by the outreach worker. HIV counseling and testing has already been integrated into the Reproductive Health Clinic to maximize opportunities for reaching the target population and minimize costs.

Other high-risk groups such as IDU females, homeless and at-risk-youth are not addressed in the current SWWHD HIV prevention program. These populations could be reached by partnering with organizations such as YWCA, YMCA, and those in the Portland area. Addressing these high-risk populations would further reduce HIV rates.

Currently, the SWWHD HIV prevention program is concentrated in the urban areas. Needs exist in the rural areas, but additional staff would be necessary to serve these areas.

4. Immunizations

Purpose, Goals, and Major Objectives:

Local Health Jurisdiction immunization programs have the responsibility to see that immunization levels are maintained at a percentage high enough to protect the population at large from vaccine-preventable diseases. In order to achieve these levels, SWWHD has established some basic goals.

The first goal is to form partnerships with and enroll all of the local health care providers who see and treat children. DOH provides all vaccines listed under the Vaccines for Children program. The second goal involves educating health care providers regarding appropriate storage, handling, and administration of the vaccine, and the reporting that is a necessary part of the enrollment process. This education is especially important as new vaccines and requirements evolve. The third goal involves educating adults and other members of the community regarding vaccine-preventable disease. While state-purchased vaccines are available for adults only under very limited conditions, education regarding vaccine-preventable disease in adults is ongoing.

Assessment is an important part of the overall Immunization program effort. Certain sub-populations are at greater risk of disease than others. These populations need to be identified through recognized and acceptable assessment practices. Once identified, strategies need to be developed to contact and immunize these populations. SWWHD accomplishes this through the birth certificate follow back effort and door-to-door survey.

Operational Methods and Procedures:

The program's work is in line with the "Standards for Pediatric Practice", the general recommendations from the Centers for Disease Control and Prevention (CDC).

The program uses its local health assessment information to assist in planning educational efforts. Clinical practices and changes within the health department setting are limited due to financial constraints. Therefore, much of the benefit derived from the assessments goes into planning educational activities for the providers and the community.

Work methods employed by the SWWHD are comparable to those of many local health jurisdictions and surpass many others. Every effort is made to get the most benefit for the dollars spent.

Community Relations:

The Immunization program at SWWHD has had a good public profile for many years. Accessibility and information have helped maintain the value of SWWHD to the public. At this time, the public continues to be served at the same level as in previous years despite monetary constraints. While large community-wide special clinics are not being done, support for them in the past has been rewarding with various community groups working in conjunction with SWWHD.

To assist in measuring performance, two computer software packages have been introduced for use by clinicians. The first is Clinical Assessment Software Application (CASA) and the second is Assessment Feedback and eXchange of Information (AFIX). CASA helps in determining the immunization coverage level that is being provided in the clinic. Actual data are entered into the program, from which various reports are run. AFIX goes a step further and looks at the quality of the information that has been entered. This give the provider information on which population groups are or are not being served within the practice. Most practices have been receptive to the programs.

Both of these activities help the provider determine the level of immunization coverage that is being supplied in his/her office. It also provides information on what population groups are or are not being served within the practice. The practices have been receptive to this activity and supportive of it.

Compliance with Regulations and Guidance:

SWWHD is in compliance with specific regulations and guidance dealing with vaccines and programs that receive and administer vaccine.

Status of DOH Contract Deliverables:

The program has specific reporting deliverables that are per incident, as requested monthly and yearly. SWWHD has complied with these deliverables in a very consistent and timely manner.

Performance and Outcome Measures:

The Immunization program's performance has been based on findings from CDC's Random Digit Dialing efforts, which show a 76% coverage rate for Clark county and the local retroactive study based on current five year olds, which indicates a 66% coverage rate. The program hopes to increase this coverage rate. To accomplish this, a three-year grant was obtained which will allow for the hiring of a Vaccine Coordinator. His/Her duties will include outreach to providers. One of the activities will be assisting these providers to tie in with CHILD Profile. Another activity will be assisting with community education. These steps constitute major advances.

Staffing Overview:

SWWHD was affected by funding reductions that stemmed from I-695 and lost several nurses from the clinic areas. Immunization staff was reduced and services cut proportionately. While current goals and objectives appear to be addressed adequately the program does not have staff capacity that would be needed to meet any increased demand such as a disease outbreak. All of the clinic nurses work in at least two programs.

Funding Overview:

DOH provides funding through three different sources. It is allocated on a yearly basis through the Consolidated Contract in the form of vaccine and dedicated dollars. Vaccines for Children and 317 money can be used for anything that will assist in the deliverables; this includes, but is not limited to, vaccines, staffing, and equipment. State dollars are used for vaccines only. The other major source of funding is fees collected for office visits and administration fees. The funding goes far because of the management of the clinic and the fact that all nurses serve in more than one clinic and for infectious disease response, for which there is no dedicated funding.

Opportunities and Recommendations for Program Efficiencies:

The immunization program must meet very specific requirements. Vaccines may be administered during various types of visits to a private provider or public health clinic (where available). Some examples are Women, Infants, and Children (WIC); Family Planning; Sexually Transmitted Diseases, etc. However, the regulations and the requirements of the immunization program require dedicated staffing to assure protocols are followed, records are kept to required specifications, and that new practices are adopted as immunization policy changes. Due to the amount of money involved in vaccine inventory, it is imperative that special attention be given to staff training regarding the vaccines. The immunization programs as part of local health jurisdictions have proven to be the best and most efficient conduit for maintaining these valuable program services.

C. ASSURING A SAFE AND HEALTHY ENVIRONMENT FOR PEOPLE

1. Drinking Water

Purpose, Goals, and Major Objectives:

The drinking water program exists to protect public health through ensuring safe and reliable drinking water for Clark County and Skamania County residents and visitors.

There is a high expectation of immediate response to all complaints (within 24 hours) and reports of potentially waterborne illness.

Program Description:

In addition to quick response to complaints about water systems, water quality, and reports of illness, SWWHD conducts outreach and education through field visits and scheduled meetings, as described below.

When illness complaints related to drinking water are received, they are investigated by SWWHD staff. Follow-up might include telephone interviews, site visits, and collection of samples. Other parties brought into the investigation might be food and epidemiological staff at SWWHD, and at DOH, along with DOH Drinking Water Program staff. In addition, DOH looks to SWWHD as its local partner in public health issues related to water in Clark and Skamania Counties. This may generate additional cooperative investigation and response, regardless of which agency received the complaint, all the way to the health officer level, in such cases as acute coliform violations and waterborne illness response. The current organization allows close communication and cooperation among the health staff needed to respond to illness emergencies.

SWWHD is the first responder for the 75 Group A and 501 Group B public water systems in Clark County and the 63 Group A and 89 Group B systems in Skamania County. Group A water systems serve 15 or more connections or 25 or more people, and are usually regulated by DOH. Group B water systems serve between 2 and 14 connections, or fewer than 25 people, and are usually regulated by SWWHD.

Each year, by contract with DOH, SWWHD routinely surveys 20% of Group A systems with fewer than 100 residential connections (about 18 per year). Group B systems are surveyed as specifically identified by contract with DOH ($44,790 worth of work, January 1, 2002 – June 30, 2003),. SWWHD has also contracted to perform 10 Group A surveys per year for Cowlitz County.

A survey consists of file research, water quality results summarization, and a field visit to inspect facilities with the water system operator or owner. A written report is sent to the water system and to DOH. Surveys protect public health by allowing regulators to identify physical and water quality deficiencies for each system surveyed, and by providing the in-person and written direction and technical assistance to correct them.

SWWHD performs the delegated well construction program for Department of Ecology, which involves field inspections of new well construction and well decommissioning. As new wells are created for public water systems in Clark and Skamania Counties, the Joint Plan of Operation (JPO), an agreement between SWWHD and DOH, directs SWWHD to inspect and approve the well site prior to drilling.

Due to known occurrences of arsenic in Clark County groundwater, and the reduction of the federal limit for arsenic in drinking water, the SWWHD water program has also initiated studies on arsenic in drinking water wells they are called on to visit. With water quality results in hand, they can then advise the well's owner of the need for treatment, and of the potential health effects. This also assists with tracking and identification of future problems.

SWWHD assists the development process by providing review and approval for building sites and subdivisions, by issuing a Water Availability Verification Evaluation (WAVE), as required by Clark County planning and development regulations. Water adequacy evaluations are an important step in assuring safe and reliable water supplies for new homes and businesses. Similar investigation and assurance is provided for Skamania County developers and planners. These are conducted for private water systems (one party), as well as developments requiring a new public water system, or connecting to an existing one.

Community Relations:

The drinking water program reaches clients and professionals through press releases (e.g., Battle Ground Lake E.Coli outbreak), its biannual newsletter (distributed to realtors, libraries, county offices, well drillers, others), issuance of Water Availability Verification Evaluations (WAVEs), education outreach classes covering on-site sewage and wells, held every other month in the evening in Clark County and advertised through the conservation district, county, and SWWHD offices. There is also a website to convey this information to local residents and developers. One measure of the success of the SWWHD outreach is the number of calls that come to DOH by referral or due to frustration. These are almost zero for SWWHD, which is rare. The communities appear to be very supportive of the drinking water program and SWWHD efforts.

Compliance with Mandates, Regulations and Guidance:

The drinking water program is required to follow the federal Safe Drinking Water Act, generally adopted and exceeded by the State of Washington in WAC 246-290 (Group A) and WAC 246-291 (Group B). SWWHD has also adopted its own, more comprehensive regulations in some cases. State and federal regulations specify water quality violations and response. Manuals and protocols exist. The program complies with and follows all of these regulations.

Status of DOH Contract Deliverables:

The drinking water program has contract deliverables through the Group B and sanitary survey contracts.

The Group B survey contract ($44,790 for both counties) is for system identification and data clean-up, and expires in June 2003.

The Group A sanitary survey contract details which 18 systems will be surveyed each year, and is renewable.

The Joint Plan of Operation (JPO) is a negotiated agreement between DOH and SWWHD which identifies duties and responsibilities for each, and allows the SWWHD to charge fees for the services it provides to water systems and customers.

Performance and Outcome Measures:

Performance measures are spelled out in contracts with DOH. SWWHD is to complete 98 Group B surveys by June 2003, and 18 surveys on small Group A systems each year for the next five years. They are also contracted to Cowlitz County to perform their 10/year Group A surveys (for 5 years). Twelve of 18 Group A systems are complete leaving six to be completed. The program is behind on the Group B inspections and on sanitary survey quotas. For Group B systems the program has indicated that it plans reprioritization that will allow the contracted work to be completed per the contract. DOH believes they will have difficulty fulfilling these obligations, due to the difficulty of obtaining sufficient office time to complete the reports of the survey findings. In some cases, it is difficult to contact and schedule the field work for the Group B systems. If the surveys are not completed, contracted pay is reduced accordingly.

For well construction, the program plan targets inspection of 40% of new construction and 50% of decommissioning. SWWHD reports they are able to observe about 90% of new well installations and 85-

90% of the decommissioning. These are desirable outcomes for the future of the water systems (public and private), to ensure the quality of the work done by well drillers, on behalf of county residents. Water availability review and approval for new construction is expected to be a 100% response. This is achieved, but timeliness is often sacrificed. Investigations are often complicated by incomplete submittals by the developer or proponent or other factors. Completing the investigation and obtaining the necessary information is time-consuming. Some reviews require interaction with DOH for water system adequacy information. This may be considered the most significantly variable workload for SWWHD, and is often difficult to prioritize with the public health issues and inspections.

The drinking water program conducts its business based on best management practices. SWWHD's drinking water program is one of the better local programs with which DOH deals.

Staffing Overview:

Three full-time sanitarians, occasionally assisted by the program manager, perform the drinking water program duties. One of the sanitarians is located in Stevenson to serve Skamania County; the others are in Vancouver.

Given the wide variety of duties and the expectations for response to complaint and illness calls, the large numbers of permit reviews for private water systems (one party), and platting, we do not believe the program is adequately staffed. Responsiveness to all activities other than complaints is generally slowed, and the ability to complete the survey tasks is suffering. Drinking water quality is monitored to protect the health of people. There is a concern that if the health functions are separated during a reorganization, it will be more difficult to complete investigations and respond to health threats. Access to other health staff and resources may be hindered if the health functions are split among different county departments.

Funding Overview:

The program is funded through user fees for service (inspections, reviews, permits), by contracts for services with DOH, Clark County subsidy, and contract revenue from Skamania County. Periodically, the Board of Health has introduced new fees (sanitary surveys) and increased existing fees, as warranted.

DOH has agreements or contracts with SWWHD for:

1. Tasks agreed to in the Joint Plan of Operation (JPO) (attached). SWWHD responsibilities include regulation and approval of Group B water systems and well site inspections for Group A and B water systems. No funding is attached to this, but SWWHD may collect fees for services.

2. Group B surveys for system identification and data clean-up. Revenue, depending on number of systems surveyed, is capped at $44,790 for work in both counties through June 30, 2003.

3. Sanitary surveys of smaller Group A water systems in both counties (about $7,000 for 2002). Surveys go on a 5-year cycle for each Group A water system. DOH intends this federal pass-through money to be renewable for SWWHD.

Opportunities and Recommendations for Program Efficiencies:

DOH is concerned that there are too few staff in the current program to achieve program goals and accomplish contract deliverables. When one of the two sanitarians is sick or on leave, the other must cover the basic public health (complaint) response, and, generally, not be able to accomplish other tasks.

Citizens would be better served with a larger staff, by adding one to two sanitarian positions. Minimum functions can continue to be covered with existing staff, in the current organization. It appears that some

services contracted with DOH may not be accomplished, or could be accomplished by compromising performance on other parts of the program.

Either staff reductions due to budget reductions or reorganization of the drinking water function away from other health functions would reduce output of the drinking water program, and provide less public health prevention benefit to the counties. Neither change of structure, nor reduction of the program is recommended by DOH. DOH encourages Clark and Skamania Counties to maintain and improve on their existing public health protection in the drinking water area.

2. Food Safety

Purpose, Goals, and Major Objectives:

The food program serves to protect public health through the regulatory oversight of approximately 1600 retail food service establishments. The major goal/objective of the program is to ensure that foods are safe for the public through the education of the public and food service operators, and through the enforcement of state food safety rules.

Operational Methods and Procedures:

The food program uses a variety of methods to carry out both required and proactive activities. Activities at SWWHD, typical of most LHJs, include: routine inspections of food establishments; Food Worker Card training and testing; plan review of new food establishments; and the investigation of food-borne disease outbreaks. The proactive activities at SWWHD include: community outreach activities listed above; data entry of inspection results; written policies and procedures; and, incorporation of computers into Food Worker Card testing.

Community Relations:

The food program pursues community outreach and education with a variety of activities. These include: a semi-annual newsletter to the industry; routine and seasonal press releases and fact sheets; a program web page; a “smoke-free dining guide”; listing inspection results in the local newspaper; and a booth at local grocery stores during Food Safety Month (September). The Food Program appears to be very successful in reaching both the industry and the community with food safety messages.

Compliance with Regulations and Guidance:

The Food Program must comply with requirements of Chapters 246-215 and 246-217 of WAC. The program is in compliance at this time with the minimum requirements.

Performance and Outcome Measures:

The only performance measures required by state code are: permitting of all food service establishments; performance of a minimum of one inspection per food establishment per year; offering of Food Worker Card training, and, investigation and reporting of foodborne disease outbreaks. SWWHD appears to meet these minimum requirements at this time.

Overall, the SWWHD food program is above average when compared to other local health jurisdictions in Washington State. Activities are “best practices” in many cases and are largely “science-based.”

Staffing Overview:

The food program is staffed by Environmental Health Specialists (5.5 FTEs), Program Assistants (2.0 FTEs) and a Program Manager (0.5 FTE). The current staffing of the food program may be slightly

smaller than ideal to carry out the required and desired activities. Each inspector is assigned to a large number of facilities (250-300). Inspection quality and educational efforts may improve with a smaller facility to inspector ratio.

Funding Overview:

The food program is 95% fee supported (food service establishment permit fees and related service charges). A small percentage of the program is funded through county dollars and MVET replacement dollars.

Opportunities and Recommendations for Program Efficiencies:

The food program appears to be quite efficient in carrying out its work.

3. Water Recreation

Purpose, Goals, and Major Objectives:

The water recreation program serves to protect public health through the regulatory oversight of the approximately 170 water recreation facilities (pools and spas). The major goal/objective of the program is to ensure that the public is protected from unsafe and unsanitary conditions in public and semi-public pools and spas through education of the public and facility operators, and through enforcement of state water recreation facility rules.

Operational Methods and Procedures:

The water recreation program uses a variety of methods to carry out both required and proactive activities. Activities at SWWHD, typical of most LHJs, include: routine inspections of water recreation facilities; complaint investigation; plan review of new facilities, and the investigation of disease outbreaks. In addition, SWWHD is providing annual training to pool operators and have developed a good working relationship with the pool industry.

Community Relations:

The water recreation program pursues community outreach and education with a variety of activities. These include: an annual newsletter to the industry; routine and seasonal press releases and fact sheets; and, annual pool operator training. SWWHD has been very active in community outreach activities related to water recreation. For example, the disease investigation of Battleground Lake involved a wide variety of interested parties including beach users, parks departments, media, other agencies, as well as the general public. As a result, better protective measures were developed to prevent future outbreaks. Other LHJs, parks departments, and others are using educational materials that were developed. SWWHD has also worked with local hospitals and medical providers to improve data related to drowning prevention efforts.

Compliance with Regulations and Guidance:

The water recreation program must comply with requirements of Chapter 246-260 WAC. The program is in compliance at this time with the minimum requirements.

Status of DOH Contract Deliverables: Not Applicable.

Performance and Outcome measures:

The only performance measures required by state code are: the permitting of all water recreation facilities and the performance of a minimum of one inspection per facility per year. SWWHD appears to meet

these minimum requirements at this time. Facilities operating year-round are inspected three times a year and seasonal facilities are inspected twice a year. This frequency is typical of effective water recreation safety programs.

Overall, the SWWHD program is above average when compared to other LHJs in Washington State. SWWHD has been very proactive in educational efforts for water recreation and natural bathing beaches. SWWHD has been active at the state level to promote design and operation improvements for all types of water recreation activities.

Staffing Overview:

The program is staffed by a total of 2.25 FTEs, a mixture of Environmental Health Specialists, Program Assistants, and the Program Manager. The current staffing of this program seems adequate to carry out the required and desired activities.

Funding Overview:

The water recreation program is supported by facility permit fees.

Opportunities and Recommendations for Program Efficiencies:

The water recreation program appears to be quite efficient in carrying out its work. There is no duplication of effort in this program. We would suggest, as with most LHJs, continuing to enhance the prevention activities with natural bathing beaches and open water hazards.

Water recreation staff must interact routinely with staff from other environmental health programs, the Health Officer, communicable disease prevention staff, and other segments of SWWHD. This interrelationship was demonstrated in the successful response to the Battleground Lake outbreak (largest waterborne outbreak of E. coli in the country). For these reasons, it is important that the water recreation program remain a part of the Environmental Health Program and that these activities remain within public health.

4. Liquid Waste

Purpose, Goals, and Major Objectives:

The SWWHD liquid waste program purpose is to “assist citizens protect our Public Health by ensuring proper on-site sewage treatment and disposal.”

Operational Methods and Procedures:

The liquid waste program conducts field sanitary surveys, reviews proposed subdivisions, inspects individual sites for use of on-site sewage treatment and disposal, evaluates soil conditions, reviews permit applications and system designs, inspects system installations, oversees on-going operation and maintenance, and initiates enforcement actions when necessary to assure public health protection. Private-sector service providers are licensed to assure that services are performed by qualified practitioners. Community outreach education activities inform on-site sewage system owners and users about proper operation and maintenance and owner-user responsibility.

Community Relations:

Community outreach coordination with the local conservation district facilitates educational efforts in support of the Operation & Maintenance Program. A standing advisory committee — Technical Advisory Committee — provides private sector input to program policies and procedures.

In addition to on-going activities interacting with the community, the program has special focus activities, such as upcoming efforts to move residences in high-risk areas from old on-site sewage systems to currently available sewer collection.

Compliance with Regulations and Guidance:

Local rules and regulations are consistent with State Board of Health (SBOH) rules for on-site sewage systems (Chapter 246-272 WAC) and have been approved by DOH. Local regulations governing the Operation & Maintenance Program have been developed based upon authority and responsibility established in the SBOH rules. The elements of the liquid waste program are conducted at or above the minimum levels established by WAC 246-272.

Status of DOH Contract Deliverables: Not applicable.

Performance and Outcome Measures:

Program objectives, policies and procedures are written and incorporated into group and individual workplans. Frequent and regularly scheduled program staff meetings assure consistent application of standards established to meet program goals. Program management assures consistent application of policies and procedures through regular and frequent meetings and field activities with program staff. Work plans address typical, on-going activities and special project items. Individual plan measures typically relate to established program efficiency standards for meeting service request timeframes. Program-level plans typically relate to community planning and implementation activities accomplished within goal timeframes. Written performance plans address application of program policies and procedures, performance measures, and professional development and training plans. Group members relate to each other with an established “code of ethics” or ground rules for group interaction and support.

Program policies and procedures benefit from the input of the Technical Advisory Committee.

The liquid waste program integrates the results of field survey and sampling into the development of policies and procedures. For example, by the Burnt Bridge Creek Water Quality Study, results confirmed impact from surrounding on-site sewage systems leading to increased use of sewer collection in the adjacent high-density development area.

Staffing Overview:

Program staffing levels are established to meet service needs within specified target timeframes. Service requests vary seasonally as does the program response time. Input from the community and private-sector service providers is used to establish response time goals.

SWWHD currently assigns 6.5 FTEs to the liquid waste program (4.5 FTE general field work, 1.5 FTE land use development review, 0.5 FTE compliance activity). Considerable effort has been expended by management to successfully build a strong and coordinated team of trained on-site practitioners.

Funding Overview:

The liquid waste program is funded primarily by fees based upon actual hourly costs anticipated for various types of regulatory and permit functions. Overall fee structure is designed to recover 90% of program operating costs.

Processes are in place for accurate and timely tracking of the fee revenue stream to allow for timely response to changing conditions (actual number of services vs. anticipated services, for example).

Opportunities and Recommendations for Program Efficiencies:

Perhaps greater efficiencies could be achieved and a higher level of service could be provided through establishing better linkages between historical records maintained by SWWHD and other local government entities, thus linking records pertaining to building, planning, on-site systems, and sewering.

D. PROMOTING HEALTHY LIVING

1. Tobacco Prevention and Control

Purpose, Goals, and Major Objectives:

The goals of the SWWHD tobacco prevention and control program is to develop community capacity around the table to effectively address prevention of tobacco us in youth, starting at age 11, to develop resources for cessation and eliminate exposure to secondhand smoke.

Operational Methods and Procedures:

The goal of the DOH tobacco prevention and control program is to reduce the prevalence rate of tobacco use in Washington State. The state program takes a comprehensive approach to this, including funding local county agencies, such as SWWHD. County contractors, such as SWWHD, are required to reach some or all of the following objectives. 1) Increase capacity in their local community to address the problems associated with tobacco use; 2) Prevent initiation of tobacco use among teens and adults; 3) Promote quitting tobacco use among teens and adults; 4) Decrease exposure to secondhand smoke. Each county contractor has a menu of activities that they choose to work on with their community, and the number of activities depends on their funding level. The more funds a county receives to conduct tobacco prevention and control work, the more activities they are expected to accomplish.

DOH requires six core activities for all contractors and SWWHD currently is working on all of the core activities in addition to many more. The local board of health (BOH) also guides what the tobacco prevention and control program does and they regularly keep the BOH apprised of the tobacco program. However, their priorities are mainly focused on what is expected from DOH.

Before the SWWHD conducts an activity they first look at what the data says around tobacco use and then they tailor their activities to the appropriate areas. They process what needs to occur with the staff team, and try to reach consensus relating on what to do. They look at the community as a whole and they are very partnership driven. They ask Clark County Gov/ Dept of community services/ correction to share any data that they have about the populations that they work with, they look at what the assessment unit collects, what Educational Service District collects that add to the qualitative discussions.

One example of this process is how they went about organizing a community forum to discuss tobacco use in their community. The forum was well attended and provided an excellent way for SWWHD to get input on their tobacco prevention and control program and provide opportunities for community members to become involved. Program staff would like to do a yearly forum that focuses on youth, second hand smoke, and cessation.

All activities in the DOH work plan that SWWHD uses are all based on best practices or promising approaches. The SWWHD tobacco prevention and control program also works closely with the assessment and research unit that publishes an annual health data book that includes tobacco issues.

SWWHD's tobacco prevention and control effort is above average when compared to others in the state. They are willing to collaborate with different community partners. One example of this is the youth component of the SWWHD tobacco program. They continually engage the YMCA to sponsor tobacco prevention activities that reach a broad range of youth.

Community Relations:

Assignments have been made to have a staff person be the lead in community mobilization. Each staff member works to develop a partnership with community folks who have an interest in their subject area as well as working toward including disparate populations. There is a newsletter, three task forces (youth, cessation and schools), one coalition in Clark County, and an ad hoc coalition (Community Mobilization Against Substance Abuse) in Skamania County. The goal is to have a task force on second hand smoke next year.

SWWHD continues to work with their community to best serve their needs. When members of their community voice a need, they conduct research to identify what the problem is, how it can be impacted, and develop an action plan when appropriate. The SWWHD tobacco prevention and control program also keeps in mind what they have the capacity to achieve and are mindful not to take on more than they have the resources to do.

Another way the tobacco prevention and control program works with its constituents is the program supervisor brings up tobacco prevention in meetings and presentations with other areas of the agency to teach them how their clients are being disproportionately targeted and marketed to by the tobacco industry, including HIV, WIC, the syringe exchange, family planning, and drug/alcohol interventionists.

They have also had a great working relationship with one of the main medical centers (Southwest Washington Medical Center) that provides community education and cessation resources. The medical center also works in conjunction with SWWHD to promote the statewide quit line to county residents.

The community is very supportive of the SWWHD tobacco prevention and control program. At a mid-year meeting with the Educational Service District, they realized they were working towards the same goals as the tobacco prevention and control efforts. The SWWHD tobacco prevention and control program is well received wherever they go. They are re examining how to involve stakeholders, and are considering encouraging partnering on projects or activities versus attendance at coalition meetings.

Status of DOH Contract Deliverables:

Every contractor with DOH Tobacco Prevention and Control Program has clear deliverables, including SWWHD. The SWWHD work plan is available. The current work plan is split for Clark and Skamania Counties and each work plan addresses the needs that are unique to the respective county. In Clark County, they must serve a larger quantity of people so their approach is different than in Skamania County. In Skamania County SWWHD has worked to get tobacco prevention as an issue of which community members are aware. They have spent a lot of time working on building local partnerships to address tobacco prevention. In Clark County, tobacco prevention has been addressed for much longer than in Skamania County. For example, SWWHD has a much stronger cessation component than they do in Skamania County. One of the reasons for this is that there are generally fewer resources in smaller communities for this type of activity

SWWHD is clearly meeting all of their contract deliverables. The program is skilled at communicating regarding challenges that they encounter. This results in early problem solving to avoid missing or late contract deliverables.

Program staff have some concern about the second hand smoke component not progressing as quickly as planned, but work is underway to assure completion of this activity.

Performance and Outcome Measures:

The DOH Tobacco Prevention and Control Program uses a web based reporting system (CATALYST) with all of their community contractors, including SWWHD. Staff at SWWHD enter all their activities into CATALYST and are able to see if they are meeting their contract deliverables and performing at a level that is appropriate to their funding. SWWHD reached all program goals and deliverables in State Fiscal Year 2002 and exceeded the projected numbers in reaching their target populations in most areas.

SWWHD consistently sets realistic goals and meets them regularly. In fact they exceeded their target by more then 50 percent over the amount they set as a goal in the beginning of the year.

During this current contract year, SWWHD was required by DOH to implement specific activities with the tobacco dollars they receive from the state, including: create or maintain a community coalition in both Clark and Skamania Counties; conduct tobacco retailer compliance checks and provide retailer education about why retailers should not sell tobacco to minors; work with the local educational service district to ensure that there is a cohesive tobacco program in the county; promote the statewide quit line; assess resources for cessation; and conduct a minimum of one activity that addresses secondhand smoke. SWWHD works on these requirements as well as many more to create a comprehensive approach to addressing tobacco use.

In order to do this, SWWHD tobacco prevention and control program would benefit from increasing their staff instead of reducing it. One example of where a need exists is with the youth prevention educator. The current staff person is one of the few staff at SWWHD that works with youth in a prevention role. Because of this the youth prevention educator has a lot of pressure to deal with all areas of youth prevention. In SWWHD, there isn't anyone else who works with youth. One area that could use improvement is the secondhand smoke area of their program. Due to staff change, lay offs and associated personnel actions, this area has been the slowest to make strides in the community. Although SWWHD was able to address, in some way, all of the activities in their work plan around secondhand smoke, it has been somewhat limited. One example of this is developing and implementing a task force of community members to address second hand smoke. Another objectives in their work plan is to established work groups on the various components. The program has not established a workgroup to work on the problem of second hand smoke.

The SWWHD are good at working with many different community partners. They access the Spanish speaking population through the Catholic Church as well as the Sea Mar Clinic. They are great at getting folks involved in activities, but sometimes have a harder time getting folks to go to an actual coalition meeting.

It is expected that the program will remain on target for the next reporting period which is through December, 2002. There shouldn't be any major changes in emphasis. The possibility of staffing reductions and changes make it difficult to predict performance during future performance periods.

Staffing Overview:

The programs current staff is able to meet contract requirements with DOH. The SWWHD Tobacco Prevention and Control Program has supported in full or part nine staff. Of those two are Health Educators 2, one Public Health Nurse (PHN), one Health Educator 1, one director, one supervisor, one program assistant, one oral health specialist. SWWHD also contracts with the Educational Service District for part of an intervention specialist. SWWHD uses other funds for folks who support the SWWHD Tobacco Prevention and Control Program such as the Health Officer, Agency Director, assessment and research specialist, parent child health staff, WIC program, and Environmental Health staff (restaurant survey for smoke free or not).

There is not an excess of staff in the tobacco prevention and control program. In fact, there is additional work that could be done in the second hand smoke component of the program, such as developing community partnerships to increase awareness and activities to combat second hand smoke.

Funding Overview:

Clark County currently has a total of $265,100 available for tobacco prevention and control and Skamania has $43,900. In addition $146,649 in Local Capacity Development Funds is available.

Opportunities and Recommendations for Program Efficiencies:

The program continues to provide high quality activities and products. Additional emphasis can be put on working with other SWWHD divisions such as the food safety program and restaurant food handler program to increase the amount of people that receive tobacco prevention information.

2. Preventive Health and Health Services Block Grant - Local Support Funds (PHHSBG)

Purpose, Goals, and Major Objectives:

The PHHSBG provides flexible funding to LHJs to address one or more of the Healthy People 2010 objectives. Each year SWWHD receives $18,969 in funds, which are used to provide motivational interviewing to all Medicaid-eligible pregnant women who smoke and are enrolled in the First Steps Maternity Support Services Program.

Operational Methods and Procedures:

Interviews are conducted as described above. This specific communication with the target population gives an opportunity to educate smokers.

Compliance with Regulations and Guidance:

PHHSBG funds cannot be used for payment to a private entity or for capital improvement projects. The program is in compliance with these regulations.

Status of DOH Contract Deliverables:

The program has contract deliverables described in the statement of work. There are no concerns regarding the ability to meet the deliverables.

Performance and Outcome Measures:

SWWHD submits a year-end report describing the number of women served and county-specific data on the number of pregnant women who smoke.

Funding Overview:

The services are funded through the Preventive Health and Health Services Block Grant. These funds supplement Medicaid reimbursement for Maternity Support Services. It is anticipated that these funds will continue, barring any major cut in the PHHSBG allocation to Washington state.

Opportunities and Recommendations for Program Efficiencies:

No apparent efficiency steps were noted during the program review.

E. HELPING PEOPLE GET THE SERVICES THEY NEED

1. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Purpose, Goals, and Major Objectives:

The SWWHD WIC program is part of a national and state administered effort designed to provide nutritious foods and nutrition education for a targeted at-risk population. WIC serves pregnant and breastfeeding women and children up to age five who are at or below 185% of poverty or enrolled in Medicaid, and have a nutrition risk verified by a health professional. WIC is a short-term preventive health program designed to influence positive, lifetime nutrition and health behaviors. WIC has been shown to strengthen the health and nutrition of families.

A secondary benefit is that WIC provides a gateway to a wide range of public health and social services for a highly vulnerable population. Early contact and intervention with this population can prevent human suffering and costly health care consequences in the future.

The SWWHD WIC program is authorized and maintains a client caseload of 7000 clients per month.

WIC gives children a healthy start

- WIC improves lifetime health with education and support when it will make the most difference: during pregnancy and the first five years of life.
- WIC assists parents in properly feeding their children.
- WIC improves children's readiness to learn when they start school.
- WIC reduces health care costs through prevention. Nationally, for every $1 used to provide WIC, there is a savings of $1.92 to $4.21 in Medicaid health care costs.
- WIC reduces infant mortality, low birth-weight and premature births, improves diet and reduces incidence of anemia, improves cognitive development, and improves childhood immunization rates.

WIC provides nutrition education, referrals, nutrition screening and nutritious foods

- Nutrition education is provided on many topics such as healthy eating and physical activity, child nutrition, better fruit and vegetable intake, and weight control after pregnancy.
- WIC refers families to services including Medicaid or other health insurance programs, prenatal care, well child checkups, Maternity Support Services (MSS), immunizations, Family Planning, HeadStart, Food Stamps, and the Farmers' Market Nutrition Program.
- The WIC nutrition assessment includes a blood test for iron level, growth measurements, health history, and evaluation of the nutrition content of what the family is eating.
- WIC encouragement and education supports a woman's choice to breastfeed her baby.
- Parents receive checks to use at the grocery store to buy selected healthy foods like milk, eggs, cheese, cereals, peanut butter, juice, dried beans, and infant formula. Rigorous criteria assure that foods meet federal nutritional requirements and are available statewide.

The SWWHD WIC Program strives to support and collaborate with agency and community health initiatives that relate to the target population such as including car seat programs, a folic acid campaign, and the "Every Moment Counts" readiness to learn initiative.

The SWWHD WIC Program assists clients in accessing other preventive health services such as immunizations, tooth sealant program, and family planning services.

Operational Methods and Procedures:

The program is conducted according to WIC Federal Regulations. Services which include client interview, nutrition assessment, certification, WIC check issuance and other procedural steps in serving the client are prescribed in federal regulations which are promulgated by the state WIC office. SWWHD utilizes trained para-professionals to deliver client services. Using para-professional staff to conduct certifications for lower risk clients is a cost saving measure for providing services that SWWHD has implemented.

SWWHD, like most LHJs, combines MSS and WIC high-risk visits to reduce the cost of WIC services. The MSS visit is counted as the high risk visit required for WIC. MSS visits generate revenue to help offset the costs of the WIC program.

WIC is very much an education program; it is important to determine client preferences in order to provide effective education. The SWWHD program effectively uses the information from their customer service surveys for WIC planning. Data from the Nutrition Risk Factor report are used to help plan education efforts for the year.

The program uses their participation reports to effectively manage their caseload and meet the contract requirement of serving 100% of their authorized participating caseload of 7000 clients per month.

Community Relations:

WIC is considered an important public health program at the community level. Public health leadership continue to support the program, but the ability to provide local funding to augment federal and state funds is decreasing. WIC clients view the program very positively, and cite WIC staff's dedication to customer service and quality as important reasons they recommend WIC to others.

Currently, the SWWHD WIC program is not able to meet all the needs of the community due to limited state funding. The program is serving only children up to age three, rather than age five as are the vast majority of other WIC programs in the state. There are approximately 1300 potentially eligible WIC clients who are not currently receiving services. In addition, access for some clients is an issue, due to the closure of three sites several years ago. There is particular concern about the closure of one site which served a largely Hispanic population.

Compliance with Regulations and Guidance:

Currently, the SWWHD WIC program is in compliance with all applicable state and federal regulations and guidance. This includes:

1. Federal Regulations: Food and Nutrition Service, USDA, Part 246—Special Supplemental Nutrition Program for Women, Infants and Children

2. Washington State WIC Program Policy and Procedure manual.

Status of DOH Contract Deliverables:

As previously stated, the SWWHD WIC program, along with all other WIC programs in Washington State, is required to provide services in compliance with federal regulations and according to State WIC Policies and Procedures. In addition, the program is required to serve 100% of their authorized participating caseload of 7000 clients per month. The program meets or exceeds these requirements on a regular basis.

Performance and Outcome Measures:

The WIC program has very detailed federal regulations. During the WIC program monitor conducted in June, 2002 the SWWHD WIC program was found to be in compliance with federal regulations and is a model program in several areas. Most notable is its commitment to effective, high quality education that

meets the needs of the clients they serve. The program has developed very innovative education classes that are being shared with other WIC agencies. Also, the program is providing client-centered or motivational interviewing training to all WIC staff. Research has shown that this method of intervention is more successful in assisting people in making changes and influencing them to make healthier lifestyle choices. The program conducted a client survey and found that clients rated the program very highly in all areas of customer service.

The program has consistently met or exceeded the caseload requirement to serve 7000 clients as specified in their contract. An increase in funding to allow us to serve 1300 additional clients would be needed to serve all eligible women and children in Clark County.

WIC staff participate on boards of other community groups and participate in community meetings, coalitions and initiatives. There are regular communications with DSHS, the medical community, and other service organizations. These groups refer clients to the WIC program on a regular basis and inform and include WIC staff in community health projects.

The program works to ensure that it is easy to access the program and easy to complete the application process in the WIC sites that continue. There is ongoing emphasis on excellent customer service. This generates positive word of mouth outreach for the program and has also helped create a positive image in the medical community. The program actively participates in agency forums and community health projects and actively refers clients to other services in the community.

The WIC program emphasizes nutrition education and behavior change using current behavior change theory and research. Because families are making positive health behavior changes, they will continue to benefit from the WIC program long after they leave the program. An overarching program goal is to assist people in making changes that will improve lifelong health and reduce health care costs.

Staffing Overview:

The program has adequate staffing at present but would not be able to handle additional workload with the current staff complement.

Funding Overview:

Statewide WIC is supported by a combination of public and private, non-profit agency funding. The majority of WIC funding is provided by the U.S. Dept. of Agriculture (USDA). The state WIC office provides funding for general WIC services and specific funding for breastfeeding promotion. The designation of specific funding for breastfeeding is a federal mandate. State funding for WIC services is $104 per participant per year.

Most local agencies and community organizations that operate WIC clinics provide funds to support WIC services. These funds are frequently used to serve additional clients over and above the client case load authorized by the WIC state office. On average, local support accounts for 30% to 50% of the cost of the program for LHJs.

In addition, for the past three years, one time pass-through funds have been provided when additional funding was allocated from the federal level.

SWWHD also receives funding for the Farmers Market Nutrition Program.

WIC program funding has significant impacts on local economies. In the SWWHD area it is estimated that the value of WIC checks cashed at local grocery stores will total $4,800,000 in 2002 and the estimated total of WIC Farmers' Market checks in 2002 will be $59,473.

Opportunities and Recommendations for Program Efficiencies:

The following program efficiency possibilities were identified for the SWWHD WIC program:

- Continuing to look at third party reimbursement for required WIC services, such as the use of Food Stamp Nutrition Education funding.

- New versions of the WIC automated data system from the state level will likely add new efficiencies.

- Continue to support workforce development in order to minimize recruitment and retention issues.

It should be noted that a number of efficiency steps have already been taken by the SWWHD WIC program in response to resource limitations:

- Merging three sites into one to decrease the cost of overhead and staffing.
- Computerization of client records (state-wide initiative).
- Increasing staff to client ration from 316 in 1999 to 401 in 2001.
- Addition of paraprofessional staff to provide nutrition education to lower risk clients, reducing the number of registered dieticians required.
- Employment of bi-lingual staff to better serve Russian- and Spanish-speaking clients and eliminate interpretation costs
- Closure of two community WIC sites (Hazel Dell and Orchards).
- Implementation of group education for lower risk clients; elimination of individual education appointments for that population.
- Elimination of on-call staff.
- Schedule adjustments to increase productivity through increased appointments per staff, reduced meetings, etc.
- Limiting client load to the 7000 approved for reimbursement.
- Reducing staff by 2 FTE last year.

2. WIC Farmers' Market Nutrition Program (FMNP)

Purpose, Goals, and Major Objectives:

The Farmers' Market Nutrition Program(FMNP) is designed to provide families participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) with locally grown fresh fruits and vegetables. Checks at a total value of $10 and $20 are distributed to participants in WIC clinics across the state during the summer months. Checks are redeemable for fresh fruits and vegetables at participating farmers' markets.

Purpose:

- Provide locally grown fresh fruits and vegetables for WIC families.
- Expand awareness and use of farmers' markets where consumers can buy directly from the grower.
- Support the consumption of fruits and vegetables. Introduction of a new food resource in coordination with nutrition education provided by local WIC agency staff and growers to WIC FMNP recipients contributes to the message of increasing daily fruit and vegetable intake. Promotion of fruit and vegetable intake reinforces the beliefs, skills and attitudes of individual and strengthens community norms, which are conducive to good individual and community health.

Operational Methods and Procedures:

Over the years the state has been working with local agencies to increase redemption rates - that is the percent of issued checks that actually get cashed. Some clients who receive checks are not able to get

to the farmers market to use their checks. SWWHD has been highly successful at this. The average redemption rate for the state was 64% in 2001. SWWHD had a redemption rate of 78%, one of the highest redemption rates in the state.

This high success rate is due to SWWHD's targeting of families most interested in shopping at the farmers market, explaining in detail how to use the coupons and where the market is, and promoting the other community events co-located in the Esther Short park area as great free family outings.

Community Relations:

Vancouver WIC has had close contact with the market manager and vendors at Vancouver Farmer's Market. Previously, the farm vendors have donated fresh produce to us for tasting during our nutrition education classes and we provided them with recipes to hand out to their customers. This year we were exploring the possibility of being at the market but due to the late start up of the program, it was not feasible.

Compliance with Regulations and Guidance:

SWWHD is in compliance with all WIC and WIC Farmers' Market regulations and guidance.

Status of DOH Contract Deliverables:

The program is required to distribute all the checks that are allocated to their agency in a specific time period-usually in July and August. In addition they must follow specific criteria for who is eligible to receive the checks. The checks are provided to pregnant women, breastfeeding women, and children under age five. Infants under six months of age are not provided with farmers' market checks. In addition, the local agency is required to educate clients about the importance of fruit and vegetable consumption in promoting good health, educate clients on how to use the checks, and provide information on market location and hours of operation. The FMNP distributes more checks than will actually be cashed to ensure that FMNP funding is fully used to help families.

State staff involved in monitoring the operation of the SWWHD program confirm that the agency meets or exceeds all program requirements.

Performance and Outcome Measures:

The FMNP has been evaluated through client surveys where they were asked about their fruit and vegetable consumption. The program does have some impact on improving fruit and vegetable consumption and also appears to encourage families to try new foods.

Providing fruits and vegetables helps to reinforce the education being provided by the WIC Program.

Staffing Overview:

The FMNP is administered in conjunction with the WIC program services. Staffing appears adequate at present.

Funding Overview:

The Washington State Departments of Health and Agriculture provided approximately $130,000 in funding for the 2001 program with $308,000 in special grant moneys received from the United States Department of Agriculture. The program was developed in cooperation with the Washington State Farmers Market Association and is administered by the Washington State Department of Health. The funding is stable for this year.

Opportunities and Recommendations for Program Efficiencies:

The program was designed to operate in conjunction with the WIC Program as an efficiency measure because the programs share administrative functions. The ability to take advantage of an administrative structure already in place has made the FMNP an economical service addition.

3. Family Planning

Purpose, Goals, and Major Objectives:

The SWWHD Family Planning program assures access to contraceptive services for men, women, and teens. The purpose of the program is prevention of unintended pregnancy through access to health education and clinical services.

Operational Methods and Procedures:

Family Planning services are provided through the SWWHD Reproductive Health Clinic and include the following:
Medical history, including family medical history, reproductive health and social factor;
Complete physical examination with pap screening, and STD screening and treatment when indicated;
Other laboratory work as indicated (hematocrit, lipids screen, fasting blood sugar, etc);
HIV counseling and testing if desired;
Individual client education and counseling regarding contraceptive methods;
Contraception, including emergency contraception;
Pregnancy testing and referrals for care.

SWWHD conducted a survey of youth and focus groups for youth program providers to determine the best approach for decreasing access barriers for teens. A youth development council participated in the review of this information and planning for interventions. This led to the planning and implementation of a teen family planning clinic. In February 2002, SWWHD started a teen family planning clinic three evenings per month. All of the above reproductive health services are available on a walk-in or appointment basis. The Family Planning health educator provides presentations to youth and professionals who work with youth on reproductive health issues, such as contraception, STD prevention, and communications.

Through an ongoing contract with DSHS, SWWHD also provides family planning outreach and education services to DSHS clients at Community Service Offices (CSO). Public health nurses are stationed at the CSO, which maximizes opportunities to educate CSO staff, clients and community partners. This portion of the family planning program is driven by the DSHS contract goals to specifically reduce the publicly funded maternity care costs through reducing unintended pregnancy.

Family planning services are also offered to clients seen at the Harm Reduction Center (needle exchange).

Community Relations:

Other organizations in the community also provide family planning services to a population (largely low income women) very similar to that which receive services at SWWHD. Planned Parenthood of Columbia-Willamette operates a single clinic in Vancouver. They serve approximately the same number of clients as SWWHD. They are funded by DOH and their parent organization in Oregon. Healthy Steps and SeaMar are other community partners who provide family planning services to women whose household income is at or below poverty. SWWHD works closely with these community partners to coordinate efforts and avoid duplication of services. Even with all of these community partners, the need for family planning services for low-income women exceeds the available services.

SWWHD has worked closely with Planned Parenthood, specifically, to develop relationships with youth service organizations and agencies over the past year. Participation on the Youth Initiative connects SWWHD with other medical providers, juvenile court services, counselors and youth, and other youth service providers. This provides opportunities to prevent teen pregnancies through education and referral for services. The program also has a health educator who networks with local school nurses, schools for the blind and deaf, juvenile detention, substance treatment centers, and other local youth services providers. The health educator also provides presentations to youth and professionals who work with youth on many topics such as contraceptive methods, STDs, communication, and decision-making.

SWWHD family planning program staff also meet annually with a local family planning advisory board that is representative of the community to discuss educational materials, clinical services provided, and to receive input regarding needs in the community.

Compliance with Regulations and Guidance:

State and federal guidelines are very extensive and are followed appropriately. Clinical protocols and standing orders for the public health nurses are kept current and generally followed.

Performance and Outcome Measures:

The SWWHD family planning team has developed a logic model to assure program and staff accountability and continuous improvement in services. Long term goals for the family planning program include: increase knowledge of contraceptives among teens in Clark and Skamania Counties; increase understanding of STD transmission and prevention as measured by annual surveys; increase by 2% the proportion of community teens using the teen family planning clinic; reduce teen pregnancy rates to 35 per 1,000 for 15-17 year olds and 125 per 1,000 for 18-19 year olds; increase the proportion of sexually active females who use contraception to 100%; increase the proportion of pregnancies that are intended to 70%; reduce the proportion of births occurring within 24 months of a previous birth to no more that 6%.

The program provides services to approximately 3000 individual clients each year as well as hundreds of at risk persons through health education programs. The following table provides some data on the clients served in 2001 (with projected numbers of persons that will be served in 2002 and 2003).

	2001	2002 (projected)	2003 (projected)
Clients served (unduplicated count)	3,097	3,200	
Clients with income <150% of poverty	2,595	2,688	2,940
Adolescents <19 years old	743	800	1,000
Men served, all ages	526	540	590

This program has been successful over the past several years in meeting program requirements, and incorporating efficiencies that have increased the number of services provided. In the Reproductive Health Clinic, many other preventative health services such as STD screening and testing, HIV counseling and testing, and immunizations have been integrated with family planning services to maximize efficiencies. The program has also instituted some innovative processes to decrease client barriers to services, increase access to emergency contraception, and improve clinic flow.

Staffing Overview:

The FTE assigned to family planning in 2002 totals 10.69. This includes 1.8 FTE of Nurse Practitioner time. Several staff work part-time in the family planning program. The supervisor and director total 0.8 FTE.

Funding Overview:

The total family planning budget for 2002 is $821,088. Major sources of funding include Medicaid, Title X grant, State family planning funding and Take Charge. The Take Charge program is a five-year Medicaid

waiver demonstration project that began its second year July 1, 2002. The funding from Take Charge may not be available after the 5-year demonstration is completed. Title X and State funding have been stable for several years but are always at risk of revenue reductions at both the state and the federal levels.

Opportunities and Recommendations for Program Efficiencies:

Currently, the Reproductive Health Clinic is an integrated model with staff providing a range of services from various programs, such as family planning, STD screening and testing, HIV counseling and testing, and immunizations, as needed by clients. The advantage is that, if clients come to the clinic for immunizations or other services the staff can also address their family planning needs. The disadvantage however is that staff are able to provide fewer overall family planning services than if their time was solely dedicated to family planning.

4. Oral Health

Purpose, Goals, and Major Objectives:

The program goals are: 1. Decreasing early childhood cavities in children 0-3 years old; 2. increasing access to dental services for all residents; and 3. decreasing dental caries in school age children. Corresponding objectives are: 1. behavior change among families with young children concerning fluoride use, no "bottle to bed", and limiting juice and other sweets; 2. increased awareness of oral health issues among families and healthcare providers; and 3. increased awareness of benefits of sealants for children.

Operational Methods and Procedures:

Work activities include direct client services – fluoride varnish, education, screening and referral, developing community partnerships, client and community education, social marketing, and training healthcare providers about oral health issues. Methods are based on best practices, science-based, and linked to good assessment data on oral health status. Other LHJs have a similar approach.

Community Relations:

As in other program activities at SWWHD, the oral health program puts a strong emphasis on community partnerships and has demonstrated successes in this facet of program implementation. The Oral Health Coalition was instrumental in establishing a community clinic which now operates six days a week, and has significant grant funding- $100,000 from the Swift Foundation. Connections with target populations are on-going. Oral health is placed within the SWWHD WIC program, which has ongoing client contact with the same at-risk population.

Compliance with Regulations and Guidance:

The program operates on the basis of professional standards for dental hygiene and dental practice. There is no indication of issues or concerns about compliance with regulations or other guidance.

Status of DOH Contract Deliverables:

SWWHD meets deliverables in the Oral Health Consolidated Contract activity.

Performance and Outcome Measures:

The need for care exceeds the capacity of the program to meet them, due to limited funding. The program consistently shows progress in achieving its goals.

Staffing Overview:

There is a 1 FTE Dental Hygienist handling all aspects of the program. The program review determined that there is no excess staff capacity .

Funding Overview:

Funding sources include: Consolidated Contract, a small amount from DSHS for the Developmental Disabilities population, a federal pilot project for women's oral health (ends in 12/2002), and insurance reimbursement for fluoride and screenings. Funds are secure with the exception of the federal pilot project.

Opportunities and Recommendations for Program Efficiencies:

Program staffing is minimal. The one professional FTE also performs clerical and related support functions. Additional support would free professional staff time to better address client and community needs.

5. Maternal and Child Health (MCH), Including Infant-Toddler and Children with Special Health Care needs CSHCN

Purpose, Goals, and Major Objectives:

The purpose of these program activities is to provide public health nurse, social work, and nutrition services to the population of children and women of childbearing years. Included are assessment, intervention, referrals, evaluation, and follow-up.

Operational Methods and Procedures:

Services are provided by several types of health care professionals and paraprofessionals. Services include supporting community groups and organizations on various health concerns, hosting and participating in community forums and meetings, providing Sudden Infant Death Syndrome (SIDS) counseling, care coordination for CSHCN, and parenting education.

Best practices are incorporated in work methods. SWWHD operations stress the linkage between assessment and service delivery and other operations.

Community Relations:

One of the strengths of SWWHD is the community development approach used in a variety of programs. When a need or problem is identified, SWWHD organizes itself and community partners, as appropriate, and develops plans and implementation/ intervention strategies. Within resource limitations, which are considerable, SWWHD is addressing priority needs of the population. Assessment and client service data are maintained and reviewed on a continuing basis.

Compliance with Regulations and Guidance:

MCH programs at SWWHD are in compliance with DOH guidance. Plans are timely and complete, and reports on activities demonstrate compliance with plans.

Status of DOH Contract Deliverables:

MCH program Consolidated Contract deliverables are met in a timely, accurate, and complete fashion. SWWHD participated as a "pilot" county during testing of a streamlined contracting process. Products produced during this pilot phase were complete and of high quality.

Performance and Outcome Measures:

Performance and outcome measures are included in documents prepared by the program. Measures are realistic and on target.

Staffing Overview:

There is no excess staffing capacity. Staffing is stretched thin under the pressure of competing demands for services and limitations on revenue.

Funding Overview:

Funding sources include DOH Consolidated Contract, Title XIX fee-for-service, ARS, EIP, Foster Care Passport Program, and a "Positive Start" grant from Clark County grant funding for next year is uncertain. Other fund sources will continue.

Opportunities and Recommendations for Program Efficiencies:

The agency is exploring options to increase group interventions and classes. The ability to provide Maternity Support Services and Maternal and Child Health services is declining in the community. This could have long term and costly impacts on low-income populations.

F. ADMINISTRATION

Administrative standards for public health agencies are currently in development as a part of the work around Standards for Public Health In Washington State. In order to achieve the Standards for Public Health, adequate, effective and efficient administrative systems must be in place. The draft administrative standards include the following: Effective financial and management services are in place in all public health agencies (accounting systems; budget systems; financial management; facilities; asset mgt – facilities, fleet, fixed); Leadership and governance sets the agency policies and direction (public relations and communications; organizational planning and development; risk management; legal authority and responsibility); Human resources support the public health workforce (personnel policies, performance management, recruitment and retention, labor relations); Information systems support the public health mission (systems, resources, information system policies). This section of the report addresses some of these areas.

Financial and Information Systems

SWWHD uses the Clark County accounting system. The current system is able to accommodate the revenue coding as used by the SWWHD that may include up to 16 digits. This additional detail improves SWWHD's ability to analyze expenditures. Local government is required by RCW 43.09.200 to use the Budget and Accounting Reporting System (BARS). Additionally, DOH requires an annual BARS detailed revenue report with associated expenditure information. SWWHD is in compliance with this requirement.

The federal rules being developed around the Health Insurance Portability and Accountability Act (HIPAA) will dramatically impact financial and other data systems in local, state, and federal government agencies and the private sector who deal with clients and / or their data. HIPAA brings new requirement for transacting business (i.e. billing), exchanging client data, privacy and security issues and more. SWWHD is in the process of developing a new HIPAA compliant client billing and tracking system.

SWWHD is also developing a new environmental health billing and tracking system

Other specific, non-financial information systems were addresses previously in this report, in the program sections to which they pertain.

Management

SWWHD has a senior management team consisting of the divisional directors, the health officer, and the Executive Director. They appear to work well as a team with mutual cooperation and collaboration. Each senior manager has oversight and supervisory responsibilities over 3-4 cost centers. Similar to most local health agencies, line staff are fully engaged in direct services to clients and populations and thus need supervision and management support. SWWHD appears to have a management to staff ratios similar to other local health agencies. The Public Health Improvement Partnership Finance Committee is currently developing and testing a cost model that uses the following measure for management: 1 manager per 8 professional staff and 1 administrative staff FTE per 5 professional staff.

Many of the programs reviewed for this report noted that individual performance reviews were conducted routinely and in a timely manor.

SWWHD uses an interdisciplinary approach across the agency in managing and delivering programs. This reduces the amount of "siloing", where individuals in any program know only about their own program, reduces or eliminates redundancies and allocates staff time and expertise to maximum use and benefit. For example: 1) in reducing disease from exposure to second-hand tobacco smoke, tobacco program staff work with environmental health staff who inspect restaurants to also educate restaurant owners about the risks and hazards of second-hand tobacco smoke - with out the needs for a separate visit to these sites by additional staff; 2) when there is a food-borne disease outbreak, communicable

disease staff work with environmental program staff and clinic nurses are reassigned as needed to assist with investigation; 3) in a recent case, a baby who resided with a legal guardian in Clark county and who's mother was HIV positive and lived in another county, needed medical care and other services. SWWHD HIV program staff and parent / child program staff worked together with local pediatricians, other county agencies, agencies from another county and the Oregon Health Sciences University to arrange the necessary care.

Integration of the various public health programs provides better quality and more comprehensive services and means that many expensive and complicated health problems are prevented or identified earlier than may be the case in a more siloed agencies. This all leads to greater efficiency. SWWHD excels in the use of interdisciplinary and integrating approaches in the deliver of public health services and is a model for other local health agencies.

Leadership and Community Relations

Community assessment is an important foundation for planning and decision-making. As noted previously in this report, SWWHD has a strong assessment unit and incorporates such information in to community-wide and agency planning. Assessment data and other information is used in determining when another community agency has the capacity to meet the communities need for a specific public health service and therefore there is no need for the SWWHD to duplicate the service (e.g. prenatal services, well-baby care and immunizations) verses when adequate capacity does not exist to meet the community needs and SWWHD needs to deliver the service. For example, seeing a need in the community, SWWHD recently wrote a grant that would increase the number of private providers who serve low income clients and increase the coordination and connectivity among these providers. It is also used for targeting public health interventions to specific problems, such as when data from the Child Death Review process revealed drowning as a major source of death, SWWHD worked to increase the availability of personal floatation devices. They are continuing to monitor this issue to evaluate the impact of this intervention.

Using community assessment data, input from the community and an internal process, SWWHD developed a strategic plan and uses this to guides the overall direction and planning. They also develop work plans that further prioritize objectives for the year.

There is a strong focus on accountability at SWWHD. Management is working across the agency to develop effective accountability measure. Many of the programs reviewed for this report had developed performance or accountability measures in addition to those required by contract or the funder.

Quality improvement efforts include conducting program evaluations and using the findings to make changes in the program to improve quality and increase the efficiency and impact. For example, upon review of immunization program data, it was noted that the community-wide immunization rate for two-year-olds had been relatively unchanged for ten years – with approximately two-thirds fully immunized. Thus, SWWHD decided that a new approach was needed to have a greater impact. A grant was written and funded to enable SWWHD staff to focus more effort on working with and coordinating community physicians, who are providing the care to this population, to try an increase immunization rates.

SWWHD collaborates with many partners to assure that the services delivered address real needs throughout the community, in the most effective and efficient and unduplicated manor. Rather than hire more staff and try to do all things themselves, SWWHD works well with health care providers and other community agencies to reach target populations through them, as in the immunization example, previously cited. Another example is the Infectious Disease Surveillance Committee initiated by the Health Officer. This Committee meets every other month and includes SWWHD communicable disease staff, infectious disease physicians, and other infectious disease providers. Through this committee information is exchanged on data trends, new diagnostic procedures or treatments, current or potential outbreaks, etc. In the case of the anthrax events of 2001, SWWHD used this Committee to disseminate key information to providers regarding assessment, triage, diagnosis, and treatment of anthrax. This resulted in efficient use of infectious disease consultations and reduced demand for information from primary care providers since they already had information and knew who to call. Similarly, SWWHD has

set a goal to eliminate TB from the community through increasing the knowledge base of providers to better diagnose and treat the disease and continue to collaborate with SWWHD for directly observed therapy.

Other examples of successful collaborations include businesses. SWWHD have achieved agreement with some insurance companies to provide reimbursement for disease outbreak services provided to individuals insured by these companies. In the example described in the TB program section, SWWHD provided on-site TB screening for 900 employees at a specific firm and the employer agreed to paid for screening and treatment for its employees.

Frequently, SWWHD is the convener of community partners. Community Choices 2010, now affiliated with the Chamber of Commerce, started as a result of SWWHD's first community health assessment. SWWHD remains involved and continues to provide leadership as this group addresses broad health issues such as economic development, housing, and pre-school. The Early Brain Development Forum is a result of SWWHD convening social services, libraries community colleges, Washington State University Nursing program, and community foundations to review new research on this topic and consider how they could work together to improve children's "readiness to learn".

And finally, SWWHD is seen as a reliable source of information for decision making. For example, when a cluster of suicide cases was brought to the attention of the community and caused alarm, people turned to SWWHD for trusted expertise and science-based information in understanding this data and possible interventions to take.

Governance

SWWHD has been governed by a local Board of Health as outlined for health districts in RCW 70-05-030. SWWHD management and staff frequently make presentations to the Board regarding the strategic plan, key issues, and specific programs. They also publish an annual report that is shared with the Board and the public.

IV. Conclusions and Recommendations

A. Conclusions:

Public health services are vital to the short and long term health of Washington State residents. As part of the larger public health system and because of statutory requirements, DOH has a strong interest in seeing that public health services are well planned and conducted in Clark and Skamania Counties and in the rest of Washington State.

In general, DOH was encouraged with the results of the SWWHD program review. Program quality appears to be quite high despite significant resource limitations. SWWHD management is providing excellent leadership, communication and coordination as the transition unfolds. The 17 program areas and the administrative activities included in this review are widely provided by local health jurisdictions across the state. Reviewers used their experiences gained from working with local health programs statewide in assessing the overall work of SWWHD.

The general consensus is that public health efforts in Southwest Washington are very good. The majority of the programs reviewed are funded, all or in part, through contractual agreements with DOH. Based on the review findings and experience in planning and funding public health services in Washington State, DOH draws the following conclusions:

1. Overall, SWWHD is performing all major public health functions in an above-average manner. All leading public health program areas are being addressed by SWWHD and in many cases, such as in Assessment and Research, SWWHD was found to have a model program among local health jurisdictions in Washington State. The evaluation expertise available through the Assessment and Research unit has the potential to serve as a resource to other parts of county government.

2. SWWHD is using current best practices in planning and implementing a full complement of public health services. There is strong acceptance of and adherence to the Core Functions of Public Health; the principles addressed in the Public Health Improvement Plan; the 10 Essential Public Health Services and the Proposed Standards for Public Health in Washington. From a DOH perspective, conformance to these current best practices is a marker of a well managed and potentially highly effective local public health organization

3. Many local health jurisdictions are experiencing funding pressures which are translating into reductions in staffing and service offerings. SWWHD has been exceptionally hard hit by loss of Motor Vehicle Excise Tax funds brought about by passage of Initiative 695 and other budget reduction measures. This presents SWWHD staff and Clark and Skamania County administrations with added challenges to maintaining top quality public health services in the future.

4. Skamania County, with a population of approximately 10,000, will experience significant challenges as they seek to provide a basic set of public health services. Starting public health services from scratch in the current budget environment will be difficult. A partnership with Clark County or some other arrangement to assist the county in the startup stage is expected.

5. It is expected that demands for public health services will increase in the future, particularly for services that address the needs of low-income residents or during special conditions such as in a wide-spread disease outbreak or in the event of a bio-terrorism incident. Also, if current weak economic conditions persist, demands for services could increase for some programs.

6. Opportunities for major efficiencies in program planning and implementation were not encountered during the review. A number of smaller efficiencies or steps that could be taken to improve services are included in the recommendations sections. It is the general sense of the reviewers that the administration and program staff at SWWHD are continuing to take advantage of every opportunity to make public health services as targeted, efficient and effective as possible.

7. Declining capacity to provide services, particularly in program areas such as Maternity Support Services and Maternal and Child Health Services is a concern. Also the challenge of meeting increased demand due to population increases and reduced service from other providers is a concern. These programs serve the most vulnerable populations in a community. Loss of capacity to provide the safety nets these programs offer can lead to a variety of costly consequences in the future.

B. Recommendations:

As previously mentioned, an assessment of program activities offered by SWWHD indicates there are no major areas where significant efficiencies can be realized. As with most local health jurisdictions within Washington State, the heavy impacts of budget reductions require health departments and districts to employ extremely conservative policy approaches with regard to resource allocation. During the program review, DOH reviewers noted several program-related efficiency steps SWWHD has taken to maintain public health services while minimizing resource expenditures. Services have been merged in programs such as Family Planning and Sexually Transmitted Disease with staff providing a range of services during the same client visit. Streamlining and clinic consolidation has occurred in the WIC program to provide greater efficiency while continuing to serve the population that depends on the program for supplemental food and nutrition services. The tobacco program is working with food safety programs to maximize the amount of tobacco-related information getting out to the public.

The information contained in the program review conducted by DOH reveals a pattern of crosscutting recommendations in the areas of staffing and organizational structure. In addition, there are program-specific recommendations that are summarized below:

1. Staffing

- Overall Staff Support – A number of the individual program reviews indicate that the basic staffing level for public health programs provided by SWWHD is inadequate or could become inadequate to meet the needs of current program responsibilities. This is a problem throughout the public health system in Washington State and one for which there is no easy answer. As public health becomes a function of county government, consideration should be given to reviewing staffing levels and assuring they are commensurate with levels in other high priority county departments.

- Staff Training and Workforce Development – Well-trained staff offer the advantage of providing services and carrying out duties more accurately and expeditiously than staff who are poorly trained. The program reviews indicate that training is especially important in areas where new information can be vital to the delivery of service such as in immunizations and other programs where implementation of research advances can have significant impacts on service offerings. Likewise, workforce development can aid in recruiting and retaining key staff needed to provide vital services. It is recommended that opportunities for staff training and workforce development be provided in new organizational structures.

2. Organizational Considerations

- Some of the DOH reviewers focused on the importance of keeping public health programs in close physical and organizational proximity with one another. They concluded that value is derived by having program staff able to communicate frequently, both formally and informally, regarding system-wide public health issues affecting the community.

- The previous recommendation is not to say that public health staff should be isolated from other county staff. One reviewer suggested that public health assessment and research staff could assist other county agencies with infectious disease training. An example would be with first responders. Another suggestion was with pooling knowledge to understand implementation of the Health Information Portability Act (HIPPA) regulations. Similarly, public health staff could benefit from additional Geographic Information System expertise that resides elsewhere in Clark County government. In the area of environmental health, benefit can be derived from developing closer working relationships among land use, development services and public health interests.

3. Data Systems

- The Vital Records program review concluded with a recommendation that a scanning operation might be a way to store and access paper documents such as death certificates. This would facilitate quicker access to the records. There are a number of technical considerations when looking at this as an efficiency option. The reviewing staff suggests that Public Health – Seattle and King County would be a consultation resource.

- The Tuberculosis Program reviewer suggests that SWWHD needs to develop a surveillance database to follow trends in TB cases and screening. In relation to this it is recommended that SWWHD staff receive additional training in data collection and epidemiology to better analyze trends, and work in conjunction with the SWWHD Assessment and Research unit to better prevent the spread of TB.

- DOH Staff reviewing the SWWHD WIC program share the fact that new versions of the WIC Client Information Management System (CIMS) will likely add new efficiencies by allowing quicker certification of clients and check issuance and better tracking of WIC clients. New versions of CIMS are in development.

4. Access to Critical Health Services

- The HIV prevention staff review concluded that some high-risk groups such as intravenous drug using females, homeless people, and at-risk youth are being addressed but could be better addressed by the current SWWHD HIV prevention program. These populations could be reached by partnering with organizations such the YWCA, YMCA, and organizations in Portland. Addressing these high-risk populations would further reduce HIV rates.

- It is recommend that SWWHD consider group interventions and classes for the population served by Maternity Support Services and Maternal and Child Health Programs. This serves to make delivering client information more efficient than a one-on-one approach.

5. Environmental Health

- Environmental Health reviewers recommend that the Environmental Health Programs at SWWHD remain intact and not be moved organizationally to other areas of county government (although there is opportunity for greater collaboration – see below). There is good evidence that keeping Environmental health programs in close proximity with the Assessment and Research unit and communicable disease programs has value in identifying and alerting the public to possible disease outbreaks that have environmental causes.

- The review of the Liquid Waste program concluded that efficiencies could be achieved and higher levels of service could be provided through establishing better linkages between historical records maintained by SWWHD and other local government entities, thus linking records pertaining to building, planning, on-site systems and sewering.

6. Administration

- Any new accounting systems must have the capacity to produce data needed to complete the BARS reports. In addition, pertinent data systems will need to be compliant with the new Health Insurance Portability and Accountability Act (HIPAA) rules.

- SWWHD is in the process of developing a new HIPAA compliant client billing and tracking system and a new environmental health billing and tracking system. It is recommended that these be reviewed and considered for continued development and implementation.

- SWWHD is very responsive and accountable to the community. The new local health jurisdictions will need to continue that level of trust and partnership.

- The transition team has many essential tasks regarding providing public health services in Clark County. One initial task will be determining the governance of local public health – e.g. the composition of the local board of health, frequency of meetings, communication channels and other details associated with a board of health. Local boards of health generally consist of the three county commissioners or employ an “expanded” board of health model and include various community representatives. The RCWs pertaining to local boards of health are included in the appendix. Characteristics of an effective board of health include: routine (e.g. monthly) meetings, separate from other meetings, that allow enough time for understanding of and deliberation on public health issues; clear, two-way communication channels with health department senior management; and a focus on policy level decision making. Some local boards of health also choose to implement community advisory boards consisting of community members and representatives from other agencies. If a community advisory board is formed it would be beneficial to develop a clear charter that includes: purpose, membership and the selection process, scope of roles and responsibilities, and the interface and communication channels with the local board of health and the health department.

VI. Appendix

1. Standards for Public Health in Washington
2. Revised Code of Washington (RCW) sections pertinent to local boards of health